

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002932

FILED
Apr 25, 2008
Secretary of State

Entity Name: INTERCOLLEGIATE STUDIES INSTITUTE, INC.

Current Principal Place of Business:

3901 CENTERVILLE ROAD
WILMINGTON, DE 19807

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4431
WILMINGTON, DE 198070431

New Mailing Address:

FEI Number: 23-6050131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: REGNERY, ALFRED S
Address: 1611 S. KENT ST. #901
City-St-Zip: ARLINGTON, VA 22209

Title: VC () Delete
Name: BOYLE, J BAYARD JR
Address: 5900 POPLAR AVE.
City-St-Zip: MEMPHIS, TN 38119

Title: P () Delete
Name: CRIBB, T. KENNETH JR
Address: P.O. BOX 4431
City-St-Zip: WILMINGTON, DE 19807

Title: ST () Delete
Name: MOYER, MERRILL S
Address: BROAD & MAIN STREETS
City-St-Zip: SOUDERTON, PA 18964

Title: T () Delete
Name: ALLEN, RICHARD V
Address: 905 SIXTEENTH STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: T () Delete
Name: BOXX, T. WILLIAM
Address: P.O. BOX 186
City-St-Zip: LATROBE, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE J. PINDER

CFO

04/25/2008

Electronic Signature of Signing Officer or Director

Date