

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002050

FILED
Jul 06, 2010
Secretary of State

Entity Name: THE NEW TEACHER PROJECT, INC.

Current Principal Place of Business:

186 JORALEMON STREET
SUITE 300
BROOKLYN, NY 11201

New Principal Place of Business:

Current Mailing Address:

186 JORALEMON STREET
SUITE 300
BROOKLYN, NY 11201

New Mailing Address:

FEI Number: 13-3850158

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: D
Name: ARNOLD, JOHN
Address: 186 JORALEMON STREET, SUITE 300
City-St-Zip: BROOKLYN, NY 11201

Title: D
Name: CROSS, CHRISTOPHER
Address: 186 JORALEMON STREET, SUITE 300
City-St-Zip: BROOKLYN, NY 11201

Title: DC
Name: HAYCOCK, KATI
Address: 186 JORALEMON STREET, SUITE 300
City-St-Zip: BROOKLYN, NY 11201

Title: D
Name: KOPP, WENDY
Address: 186 JORALEMON STREET, SUITE 300
City-St-Zip: BROOKLYN, NY 11201

Title: D
Name: MCGUIRE, C.KENT
Address: 186 JORALEMON STREET, SUITE 300
City-St-Zip: BROOKLYN, NY 11201

Title: D
Name: O'SUCH, FREDERICK M
Address: 186 JORALEMON STREET, SUITE 300
City-St-Zip: BROOKLYN, NY 11201

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER ROCK

AS

07/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date