2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

DOCUMENT# F06000006433

Entity Name: INTERLOCHEN CENTER FOR THE ARTS, CORPORATION

Current Principal Place of Business:

4000 M-137
INTERLOCHEN, MI 49643

New Principal Place of Business:

Current Mailing Address:

4000 M-137
INTERLOCHEN, MI 49643

New Mailing Address:

FEI Number: 38-1689022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: P
Name: KIMPTON, JEFFREY S
Address: P.O. BOX 199
City-St-Zip: INTERLOCHEN, MI 49643

Title: V
Name: HANSON, ANN L
Address: P.O. BOX 199
City-St-Zip: INTERLOCHEN, MI 49643

Title: S
Name: ROOT, JUDY L
Address: P.O. BOX 199
City-St-Zip: INTERLOCHEN, MI 49643

Title: T
Name: KESSEL, PATRICK M
Address: P.O. BOX 199
City-St-Zip: INTERLOCHEN, MI 49643

Title: C
Name: CERNY, RALPH J
Address: P.O. BOX 199
City-St-Zip: INTERLOCHEN, MI 49643

Title: VC
Name: BAUM, KEITH W
Address: LOWRY HILL
City-St-Zip: SCOTTSDALE, AZ

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: DANIEL A. BESSELSEN CONT 02/02/2012

Electronic Signature of Signing Officer or Director — Date