

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003285

FILED
Apr 04, 2011
Secretary of State

Entity Name: ACT, INC. OF IOWA

Current Principal Place of Business:

500 ACT DRIVE
IOWA CITY, IA 52245

New Principal Place of Business:

Current Mailing Address:

PO BOX 168 ATTN: LEGAL DEPARTMENT
IOWA CITY, IA 522430168 US

New Mailing Address:

FEI Number: 42-0841485

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: CEO
Name: WHITMORE, JON
Address: 500 ACT DR.
City-St-Zip: IOWA CITY, IA 52245 US

Title: CFO
Name: GOEDKEN, THOMAS J
Address: 500 ACT DR.
City-St-Zip: IOWA CITY, IA 52245 US

Title: D
Name: HOLBROOK, KAREN A
Address: 500 ACT DR.
City-St-Zip: IOWA CITY, IA 52245 US

Title: D
Name: JONES, ROBERTS T
Address: 500 ACT DR.
City-St-Zip: IOWA CITY, IA 52245 US

Title: SD
Name: WHEELAN, BELLE S
Address: 500 ACT DR.
City-St-Zip: IOWA CITY, IA 52245 US

Title: D
Name: AXLEY, DIXIE L
Address: 500 ACT DR.
City-St-Zip: IOWA CITY, IA 52245 US

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: THOMAS J. GOEDKEN

CFO

04/04/2011

Electronic Signature of Signing Officer or Director

Date