


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90032 048 ***150.00

DOCUMENT # F07000005182 1. Entity Name PROMETRIC INC.	
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Principal Place of Business CANTON CROSSING, 1501 SOUTH CLINTON ST. BALTIMORE, MD 21224	Mailing Address CANTON CROSSING, 1501 SOUTH CLINTON ST. BALTIMORE, MD 21224
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40098129



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0416596	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDGRAF, KURT M C/O EDUCATIONAL TESTING SERVICE PRINCETON, NJ 08541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTI, FRANK R C/O EDUCATIONAL TESTING SERVICE PRINCETON, NJ 08541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, GLENN C C/O EDUCATIONAL TESTING SERVICE PRINCETON, NJ 08541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, SCOTT V C/O EDUCATIONAL TESTING SERVICE PRINCETON, NJ 08541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2008

Date

443-455-8567

Daytime Phone #

B. CHRISTOPHER DEAR SVP-CFO

Prometric

Canton Crossing
1501 S. Clinton Street
Baltimore, MD 21224
1-866-776-6387
www.prometric.com

ATTACHMENT
40098129
F07000005182
PROMETRIC™

Prometric Inc
Officer Attachment
FEIN: 26-0416596

Michael K. Brannick
President, Chief Executive Officer
Prometric, Inc.
1501 S. Clinton Street
Baltimore, Maryland 21224
(443) 455-8937

G. Christopher Derr
Chief Financial Officer
Prometric, Inc.
1501 S. Clinton Street
Baltimore, Maryland 21224
(443) 455-8567

Alison A. Indrisano
Senior Vice President, Chief Operating Officer
Prometric, Inc.
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Baltimore, Maryland 21224
(443) 455-8998

Anthony R. Scicchitano
General Counsel
Prometric, Inc.
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