

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002647

FILED
Apr 05, 2010
Secretary of State

Entity Name: ASSOCIATION OF CORPORATE CONTRIBUTIONS PROFESSIONALS, CORPORATION

Current Principal Place of Business:

1150 HUNGRYNECK BOULEVARD
C344
MOUNT PLEASANT, SC 29464

New Principal Place of Business:

Current Mailing Address:

1150 HUNGRYNECK BOULEVARD
C344
MOUNT PLEASANT, SC 29464

New Mailing Address:

FEI Number: 20-2426025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMLEY, MARK
801 NORTH MAGNOLIA AVE.
418
ORLANDO, FL 32803 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: CHRM
Name: LLANAS, GIL
Address: 720 EAST WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 53202

Title: PRES
Name: SHAMLEY, MARK
Address: 801 MAGNOLIA AVENUE, STE 418
City-St-Zip: ORLANDO, FL 32803

Title: VC
Name: CRICHLLOW, RHONDA
Address: ONE HEALTH PLAZA
City-St-Zip: EAST HANOVER, NJ 07936

Title: TREA
Name: NOWLIS, TIM
Address: PO BOX 3707 MC 21-81
City-St-Zip: SEATTLE, WA 98124

Title: SEC
Name: LIA, JACKIE
Address: P.O. BOX 34067, S-SR1
City-St-Zip: SEATTLE, WA 98124

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: DONNA KRAEMER

DOFO

04/05/2010

Electronic Signature of Signing Officer or Director

Date