

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005137

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** INSTITUTE FOR STUDENT ACHIEVEMENT, INC.

**Current Principal Place of Business:**

1 OLD COUNTRY ROAD SUITE 250  
CARLE PLACE, NY 11514

**New Principal Place of Business:**

**Current Mailing Address:**

1 OLD COUNTRY ROAD SUITE 250  
CARLE PLACE, NY 11514

**New Mailing Address:**

**FEI Number:** 11-2995109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVE  
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: CP  
Name: BAHNKEN, JOHN  
Address: 51 WRIGHTS MILL ROAD  
City-St-Zip: ARMONK, NY 10504

Title: D  
Name: LEEDS, MICHAEL  
Address: 460 SPLIT ROCK ROAD  
City-St-Zip: SYOSSET, NY 11791

Title: D  
Name: LEVENTHAL, BETH  
Address: 10 BESSE LANE  
City-St-Zip: CHAPPAQUA, NY 10514

Title: D  
Name: BERNSTEIN, GENE  
Address: 25 MELVILLE PARK ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: CEO  
Name: HOUSE, N. GERRY  
Address: ONE OLD COUNTRY ROAD  
City-St-Zip: CARLE PLACE, NY 11514

Title: DF  
Name: SIMON, VANDA  
Address: ONE OLD COUNTRY ROAD  
City-St-Zip: CARLE PLACE, NY 11514

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: VANDA SIMON

FD

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date