



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000006642 1. Entity Name THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.	
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Principal Place of Business 2096 AIRPORT RD-BERLIN BARRE, VT 05641	Mailing Address 2096 AIRPORT RD PO BOX 1249 MONTPELIER, VT 05601-1249
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0284103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEP STRAUSS, ROGER PHD 909 RT 100B MORETOWN, VT 05660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV LUSSIER, ELAINE J 278 VINE ST-BERLIN BARRE, VT 05641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, KIM 20 TATER ST MONT VERNON, NH 03057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURHAM, GEORGE 20 TATER ST MONT VERNON, NH 03057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAARSCHMIDT, MARI 130 WEST SHORE DRIVE GROTON, VT 05046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. RIVERS, JAMES 802 TOWNE HILL ROAD MONTPELIER, VT 05602

**DO NOT WRITE
IN THIS SPACE**

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02/20/08-80011-010 61:25

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 617, 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 like empowered.

SIGNATURE: Roger Strauss ROGER STRAUSS **2/5/08** **(802) 229-9515**

EXECUTIVE PRESIDENT **DATE** **DAYTIME PHONE**