

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003008

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** ADVERTISING SPECIALTY INSTITUTE, INC.

**Current Principal Place of Business:**

4800 STREET RD  
TREVOSE, PA 19053 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 338  
CEDAR FALLS, IA 50613

**New Mailing Address:**

**FEI Number:** 23-1608621      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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:** PRES  
**Name:** ANDREWS, TIMOTHY  
**Address:** 4800 EAST STREET ROAD  
**City-St-Zip:** TREVOSE, PA 190536646

**Title:** VP/S  
**Name:** BRIGHT, STEPHEN  
**Address:** 4800 EAST STREET ROAD  
**City-St-Zip:** TREVOSE, PA 190536646

**Title:** T/CH  
**Name:** COHN, NORMAN  
**Address:** 4800 EAST STREET ROAD  
**City-St-Zip:** TREVOSE, PA 190536646

**Title:** DIR  
**Name:** COHN, SUZANNE  
**Address:** 4800 EAST STREET ROAD  
**City-St-Zip:** TREVOSE, PA 190536646

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** STEPHEN BRIGHT

VP/S

03/19/2012

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

\_\_\_\_\_  
Date