2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006994

Entity Name: KAPPA PSI KAPPA FRATERNITY, INC.

FILED Aug 24, 2004 Secretary of State

| Current Principal Place of Business: New Principal Place of Business | Current Principal Place of Business: | New Principal Place of Business |
|--|--------------------------------------|---------------------------------|
|--|--------------------------------------|---------------------------------|

1700 N. MONROE STREET 11 PMB #117 TALLAHASSEE, FL 32302

Current Mailing Address: New Mailing Address:

PO BOX 10104 108 FORRISTER COLUMBIA, SC 29223

FEI Number: 38-3642674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BENJAMIN, DARYL

1400 DISSLON ST.

TALLAHASSEE, FL 32310 US

D. SEAN, BENJAMIN

1400 DISSTON STREET

TALLAHASSEE, FL 32310 US

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: D. SEAN BENJAMIN 08/24/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 BENJAMIN, DARYL
 Name:
 GREEGS, CHRISTOPHER

 Address:
 1400 DISSION ST.
 Address:
 108 FORRISTER ST.

 City-St-Zip:
 TALLAHASSEE, FL 32310
 City-St-Zip:
 COLUMBIA, SC 29223

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 MANUEL, JOHN
 Name:
 TIRRELL, SEAN R

 Address:
 PO BOX 71058
 Address:
 108 FORRISTER ST.

 City-St-Zip:
 TALLAHASSEE, FL 32310
 City-St-Zip:
 COLUMBIA, SC 29223

Title: DV (X) Delete Title: () Change () Addition

 Name:
 SCARBORO, RAYMOND
 Name:

 Address:
 4012 A NORTH OAK ST. EXTE.
 Address:

 City-St-Zip:
 VALDOSTA, GA 31601
 City-St-Zip:

 $\label{eq:time_continuity} \mbox{Title:} \qquad \mbox{DH} \qquad (\mbox{X}) \mbox{ Delete} \qquad \mbox{Title:} \qquad (\mbox{) Change () Addition}$

 Name:
 WILLIAMS, JASON
 Name:

 Address:
 2302 WEST ALBERSON DR
 Address:

 City-St-Zip:
 ALBANY, GA 31707
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SEAN R TIRRELL DS 08/24/2004