2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N02000008551

Entity Name: INDEPENDENT COLLEGES AND UNIVERSITIES BENEFITS ASSOCIATION, INC.

Current Principal Place of Business:

4850 MILLENIA BOULEVARD
SUITE 329
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

4850 MILLENIA BOULEVARD
SUITE 329
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 42-1576411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEINSTEIN, MARK
4850 MILLENIA BOULEVARD
SUITE 329
ORLANDO, FL 32839 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: ED ( ) Delete
Name: WEINSTEIN, MARK
Address: 4850 MILLENIA BOULEVARD, SUITE 329
City-St-Zip: ORLANDO, FL 32839

Title: CH ( ) Delete
Name: HERON, DAVID
Address: 3301 COLLEGE AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: VCH ( ) Delete
Name: POPOVICH, DONNA
Address: 401 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

Title: TR ( ) Delete
Name: LIVINGSTON, RANDY
Address: 3400 GULF TO BAY BLVD.
City-St-Zip: CLEARWATER, FL 33759

Title: SEC ( ) Delete
Name: MARTINEZ, MARIA
Address: 1000 HOLT AVENUE-2718
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CH (X) Change ( ) Addition
Name: POPOVICH, DONNA
Address: 401 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

Title: VCH (X) Change ( ) Addition
Name: LIVINGSTON, RANDY
Address: 3400 GULF TO BAY BLVD.
City-St-Zip: CLEARWATER, FL 33759

Title: TR (X) Change ( ) Addition
Name: MEZZANINI, FRANK
Address: PO BOX 6665 M C 2327
City-St-Zip: SAINT LEO, FL 33574

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK WEINSTEIN ED 06/16/2009

Electronic Signature of Signing Officer or Director — Date