

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004112

FILED
Jan 19, 2005
Secretary of State

Entity Name: ASSOCIATION OF COLLEGIATE SCHOOLS OF PLANNING, INC.

Current Principal Place of Business:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 54-2110263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, DONNA
6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 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: SD () Delete
Name: POLLAK, PATRICIA
Address: 250 MUR HALL
City-St-Zip: ITHACA, NY 14853 US

Title: PD () Delete
Name: SILVER, CHRISTOPHER
Address: 111 TEMPLE BUELL HALL, 611 TAFT DRIVE
City-St-Zip: CHAMPAIGN, IL 61820 US

Title: VD () Delete
Name: LAURIA, MICKEY
Address: 236 HARDIN HALL
City-St-Zip: CLEMSON, SC 29631 US

Title: TD () Delete
Name: CLARK, THOMAS A
Address: 1250 14TH STREET, 3RD FLOOR
City-St-Zip: DENVER, CO 80217 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: THOMAS A. CLARK

TD

01/19/2005

Electronic Signature of Signing Officer or Director

Date