

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010315

FILED
Jan 31, 2005
Secretary of State

Entity Name: THE NATIONAL CENTER FOR ACADEMIC TRANSFORMATION, INC.

Current Principal Place of Business:

1643 BRICKELL AVENUE, #3804
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

17 CRAMER PATH
GANSEVOORT, NY 12831

New Mailing Address:

FEI Number: 56-2422739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWIGG, CAROL A
1643 BRICKELL AVENUE, #3804
MIAMI, FL 33129 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: VPD () Delete
Name: EWELL, PETER
Address: PO BOX 9752
City-St-Zip: BOULER, CO 803019752

Title: D () Delete
Name: GRAVES, WILLIAM H
Address: 2000 PERIMETER PARK DRIVE SUITE 160
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: HETERICK, ROBERT C JR.
Address: 234 CRAIG DRIVE
City-St-Zip: BLACKSBURG, VA 24060

Title: PCEO () Delete
Name: TWIGG, CAROL A
Address: 1643 BRICKELL AVENUE, #3804
City-St-Zip: MIAMI, FL 33129

Title: PD () Delete
Name: WILSON, JACK M
Address: ONE BEACON STREET 26TH FLOOR
City-St-Zip: BOSTON, MA 02108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EWELL, PETER
Address: PO BOX 9752
City-St-Zip: BOULER, CO 803019752

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

Title: VPD (X) Change () Addition
Name: FERRERO, WILLIAM C
Address: ONE UNION AVENUE
City-St-Zip: SARATOGA SPRINGS, NY 12866

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: CAROL A. TWIGG

PCEO

01/31/2005

Electronic Signature of Signing Officer or Director

Date