

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000080

FILED
Apr 01, 2009
Secretary of State

Entity Name: AMERICAN SOFTWARE TESTING QUALIFICATIONS BOARD, INC.

Current Principal Place of Business:

13153 N. DALE MABRY HWY.
SUITE 105
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY HWY.
SUITE 105
TAMPA, FL 33618

New Mailing Address:

FEI Number: 16-1697269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS M
13153 N. DALE MABRY HWY.
SUITE 105
TAMPA, FL 33618 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: VP () Delete
Name: GANCE, JOE
Address: 13257 HUMBOLDT WAY
City-St-Zip: THOMTON, CO 80241

Title: P () Delete
Name: MCQUAID, PATRICIA
Address: 8200 SANTA ROSA RD
City-St-Zip: ATASCADERO, CA 934224907

Title: T () Delete
Name: RICE, RANDALL W
Address: P.O. BOX 892003
City-St-Zip: OKLAHOMA CITY, OK 73189

Title: ED () Delete
Name: KOSTROSKI, LOIS M
Address: 13153 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33618

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 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: LOIS M. KOSTROSKI

ED

04/01/2009

Electronic Signature of Signing Officer or Director

Date