

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001659

FILED  
Feb 22, 2008  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF PROFESSIONAL TECHNICAL ANALYSTS, INC.

**Current Principal Place of Business:**

1201 US HWY ONE  
SUITE 250  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 602  
PENNINGTON, NJ 08534

**New Mailing Address:**

AAPTA C/O LBR GROUP  
209 WEST JACKSON #600  
CHICAGO, IL 60606

FEI Number: 20-0704978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROOKS, JOHN C  
1201 US HIGHWAY 1  
SUITE 250  
NORTH PALM BEACH, FL 33408 US

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

DESMOND, PAUL F  
1201 US HIGHWAY 1  
SUITE 250  
NORTH PALM BEACH, FL 33408 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: PAUL DESMOND

02/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STECKLER, DAVID  
Address: 11620 MISTY MOSS COURT  
City-St-Zip: ST. LOUIS, MO 63146

Title: S ( ) Delete  
Name: LEE, CAY  
Address: 710 NORTH SYLVAN DRIVE  
City-St-Zip: BRANDON, FL 33510

Title: T ( ) Delete  
Name: KNUDSEN, TRACY  
Address: P.O. BOX 602  
City-St-Zip: PENNINGTON, NJ 08534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RASCHKE, LINDA  
Address: LBR GROUP, 209 WEST JACKSON #600  
City-St-Zip: CHICAGO, IL 60606

Title: S (X) Change ( ) Addition  
Name: KNUDSEN, TRACY  
Address: 1201 US HIGHWAY 1, SUITE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T (X) Change ( ) Addition  
Name: LASHINSKI, VERONIQUE  
Address: 1830 A SOUTH CALUMET PKWY  
City-St-Zip: CHICAGO, IL 60606

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: VERONIQUE LASHINSKI

T

02/22/2008

Electronic Signature of Signing Officer or Director

Date