

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005524

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** FORM-BASED CODES INSTITUTE, INC.

**Current Principal Place of Business:**

1571 SUNSET DR  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1571 SUNSET DR  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 76-0796091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, SAMUEL E III  
350 EAST LAS OLAS BLVD SUITE 1000  
FT LAUDERDALE, FL 33301 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: D  
Name: KOHL, JOSEPH  
Address: 1571 SUNSET DR  
City-St-Zip: CORAL GABLES, FL 33143

Title: D  
Name: SITKOWSKI, BOB  
Address: 31 LEDOYT ROAD UNIT 3047  
City-St-Zip: STORRS, CT 062693047

Title: D  
Name: PAROLEK, DAN  
Address: 1285 GILMAN STREET  
City-St-Zip: BERKELEY, CA 94706

Title: D  
Name: MADDEN, MARY  
Address: 19 14TH STREET SE  
City-St-Zip: WASHINGTON, DC 20003

Title: D  
Name: PAROLEK, KAREN  
Address: 1285 GILMAN STREET  
City-St-Zip: BERKELEY, CA 94706

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH A. KOHL

D

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date