

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005637

FILED  
Dec 02, 2010  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF STATE ADMINISTRATORS AND SUPERVISORS OF PRIVATE SCHOOLS, INC.

**Current Principal Place of Business:**

PO BOX 025250  
MIAMI, FL 33102 US

**New Principal Place of Business:**

BOX 025250  
#60017  
MIAMI, FL 33102 US

**Current Mailing Address:**

PO BOX 025250  
MIAMI, FL 33102 US

**New Mailing Address:**

BOX 025250  
#60017  
MIAMI, FL 33102 US

**FEI Number:** 84-1680571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRANNEN, BRECK  
215 S. MONROE ST.  
TALLAHASSEE, FL 32309 US

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

GOODWIN, LANE  
BOX 025250  
#60017  
MIAMI, FL 33102 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: LANE GOODWIN

12/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WARE, JOHN  
Address: 35 EAST GAY STREET, SUITE 403  
City-St-Zip: COLUMBUS, OH 53215 US

Title: VP  
Name: JOHNSON, JACQUELINE  
Address: 1000 SW JACKSON, STE. 520  
City-St-Zip: TOPEKA, KS 66612 US

Title: TREA  
Name: GOODWIN, LANE  
Address: 1333 MAIN ST.  
City-St-Zip: COLUMBIA, SC 29201 US

Title: SEC  
Name: BORDEN, MONICA  
Address: 89 WASHINGTON AVENUE, ROOM 962 EBA  
City-St-Zip: ALBANY, NY 12234 US

Title: MR  
Name: ROEDLER, GEORGE  
Address: 1450 ENERGY PARK DRIVE, STE. 350  
City-St-Zip: MINNEAPOLIS, MN 55108 US

Title: MR  
Name: CREWS, WILLIAM  
Address: 2082 EAST EXCHANGE PLACE, STE. 220  
City-St-Zip: TUCKER, GA 30084 US

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: LANE GOODWIN

TREA

12/02/2010

Electronic Signature of Signing Officer or Director

Date