

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005637

FILED
Jan 09, 2012
Secretary of State

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

Current Principal Place of Business:

BOX 025250
#60017
MIAMI, FL 33102 US

New Principal Place of Business:

Current Mailing Address:

BOX 025250
#60017
MIAMI, FL 33102 US

New Mailing Address:

FEI Number: 84-1680571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOODWIN, LANE
BOX 025250
#60017
MIAMI, FL 33102 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: PRES
Name: WARE, JOHN
Address: 30 EAST BROAD STREET, 24TH FLOOR
City-St-Zip: COLUMBUS, OH 43215 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: 1122 LADY ST., STE. 300
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

01/09/2012

Electronic Signature of Signing Officer or Director

_____ Date