

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000064

FILED  
Mar 28, 2011  
Secretary of State

Entity Name: FSU MBA ASSOCIATION, INC.

## Current Principal Place of Business:

GRADUATE OFFICE - COLLEGE OF BUSINESS  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE, FL 323061110

## New Principal Place of Business:

## Current Mailing Address:

GRADUATE OFFICE - COLLEGE OF BUSINESS  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE, FL 323061110

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DANIEL M  
GRADUATE OFFICE - COLLEGE OF BUSINESS  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE, FL 323061110 US

## Name and Address of New Registered Agent:

METKA, ALEX W  
GRADUATE OFFICE - COLLEGE OF BUSINESS  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE, FL 323061110 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: ALEX METKA

03/28/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SPENCER, HOLLY  
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS  
City-St-Zip: TALLAHASSEE, FL 323061110

Title: VP  
Name: BLACKLEDGE, EFREN  
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS  
City-St-Zip: TALLAHASSEE, FL 323061110

Title: T  
Name: METKA, ALEX W  
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS  
City-St-Zip: TALLAHASSEE, FL 323061110

Title: S  
Name: FERRADAS, MATIAS  
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS  
City-St-Zip: TALLAHASSEE, FL 323061110

Title: WIB  
Name: ANDERSON, AYLA  
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS  
City-St-Zip: TALLAHASSEE, FL 323061110

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: ALEX METKA

T

03/28/2011

Electronic Signature of Signing Officer or Director

Date