

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000064

FILED
Feb 13, 2012
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:

GRADUATE OFFICE - COLLEGE OF BUSINESS
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306

Current Mailing Address:

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

New Mailing Address:

GRADUATE OFFICE - COLLEGE OF BUSINESS
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SNOW, SAVANNAH
GRADUATE OFFICE - COLLEGE OF BUSINESS
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306 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: SAVANNAH SNOW

02/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SNOW, SAVANNAH E
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS
City-St-Zip: TALLAHASSEE, FL 32306

Title: VP
Name: MOORE, KEVIN
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS
City-St-Zip: TALLAHASSEE, FL 32306

Title: TREA
Name: BALLO, JAMEY
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS
City-St-Zip: TALLAHASSEE, FL 32306

Title: ADVI
Name: SOUTHERLAND, JOANNA
Address: GRADUATE OFFICE - COLLEGE OF BUSINESS
City-St-Zip: TALLAHASSEE, FL 32306

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: SAVANNAH SNOW

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date