

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2010
Secretary of State

Entity Name: COUNCIL OF GRADUATE DEPARTMENTS OF PSYCHOLOGY, INC.

Current Principal Place of Business:

5665 PONCE DE LEON BLVD.
FLIPSE BUILDING, RM 522
CORAL GABLES, FL 33146

New Principal Place of Business:

5665 PONCE DE LEON BLVD.
FLIPSE BUILDING, RM 522
CORAL GABLES, FL 33146 US

Current Mailing Address:

5665 PONCE DE LEON BLVD.
FLIPSE BUILDING, RM 522
CORAL GABLES, FL 33146

New Mailing Address:

5665 PONCE DE LEON BLVD.
FLIPSE BUILDING, RM 522
CORAL GABLES, FL 33146 US

FEI Number: 63-0823526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELLENS, A. RODNEY
5665 PONCE DE LEON BLVD.
FLIPSE BUILDING, RM 522
CORAL GABLES, FL 33146 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: DC
Name: MITCHELL, M. ELLEN
Address: 3105 S. DEARBORN L5252 ILL INST OF TECH
City-St-Zip: CHICAGO, IL 60616 US

Title: DS
Name: FOLLETTE, VICTORIA M
Address: DEPT OF PSY, RM 296 UNIV OF NEV, RENO
City-St-Zip: RENO, NV 89557 US

Title: DT
Name: DAGENBACH, DALE
Address: DEPT OF PSYCH, WAKE FOREST UNIV
City-St-Zip: WINSTON-SALEM, NC 27109 US

Title: D
Name: WELLENS, A. RODNEY
Address: 5665 PONCE DE LEON BLVD. RM. 522
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D
Name: BETTENCOURT, B. ANN
Address: DEPT OF PSYCH SCIENCE, UNIV OF MISSOURI
City-St-Zip: COLUMBIA, MO 65211 US

Title: D
Name: DIXON, WALLACE
Address: P.O. BOX 70649 EAST TENN STATE UNIV
City-St-Zip: JOHNSON CITY, TN 37614 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: A. RODNEY WELLENS

D

03/23/2010

Electronic Signature of Signing Officer or Director

Date