

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011040

FILED  
Aug 18, 2008  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF PROFESSIONAL TECHNICAL ANALYSTS FOUNDATION, INC.

**Current Principal Place of Business:**

1201 US HWY ONE STE 250  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

1201 US HWY ONE STE 250  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DESMOND, PAUL F  
1201 US HWY ONE STE 250  
NORTH PALM BEACH, FL 33408 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RASCHKE, LINDA  
Address: 1201 US HWY ONE STE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DV (X) Delete  
Name: LEE, CAY  
Address: 1201 US HWY ONE STE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DS (X) Delete  
Name: KNUDSEN, TRACY  
Address: 1201 US HWY ONE STE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DT (X) Delete  
Name: LASHINSKI, VERONIQUE  
Address: 1201 US HWY ONE STE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Delete  
Name: KHEZRI, BIJAN  
Address: 1201 US HWY ONE STE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Delete  
Name: STECKLER, DAVE  
Address: 1201 US HWY ONE STE 250  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PETER, MAUTHE  
Address: 14911 QUORUM DRIVE #380  
City-St-Zip: DALLAS, TX 75254

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER MAUTHE

D

08/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date