

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010002

FILED
Apr 26, 2011
Secretary of State

Entity Name: COLLEGIATE SWIMMING OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

11 SERENA ALLEN WAY
MANSFIELD, MA 02048

New Principal Place of Business:

117 WALNUT AVE
NORWOOD, MA 02062

Current Mailing Address:

POST OFFICE BOX 291
MANSFIELD, MA 02048

New Mailing Address:

POST OFFICE BOX 492
NORWOOD, MA 02062

FEI Number: 26-3169677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. PIERRE, ALBERT A CDP,DCO
420 WILDERNESS DRIVE
LONGWOOD, FL 32779 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: PD
Name: BRUNELLI, JOHN
Address: 117 WALNUT AVE
City-St-Zip: NORWOOD, MA 02062

Title: D
Name: TOBON, JOHN
Address: 117 WALNUT AVE
City-St-Zip: NORWOOD, MA 02062

Title: SD
Name: MARTIN, DWIGHT
Address: 117 WALNUT AVE
City-St-Zip: NORWOOD, MA 02062

Title: TD
Name: DAY, BRIAN
Address: 117 WALNUT AVE
City-St-Zip: NORWOOD, MA 02062

Title: D
Name: DAVIDSON, STEVE
Address: 117 WALNUT AVE
City-St-Zip: NORWOOD, MA 02062

Title: VP
Name: KEHLENBACK, RICK
Address: 117 WALNUT AVE
City-St-Zip: NORWOOD, MA 02062

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: JOHN P BRUNELLI

PD

04/26/2011

Electronic Signature of Signing Officer or Director

Date