2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010024

FILED Sep 27, 2012 Secretary of State

Entity Name: ALUMNI ASSOCIATION OF COLLEGE MARIE-ANNE INC.

Current Principal Place of Business: New Principal Place of Business:

2550 N ALAFAYA TR UNIT 9105 2295 S. HIAWASSEE RD SUITE 201-A ORLANDO, FL 32826

ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

2295 S. HIAWASSEE RD SUITE 201-A 2550 N ALAFAYA TR UNIT 9105

ORLANDO, FL 32835 ORLANDO, FL 32826

FEI Number: 46-0882108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ALPHONSE-REID, ROSE-FABIENNE ALPHONSE-REID, ROSE-FABIENNE 2550 N ALAFAYA TR UNIT 9105 2295 S. HIAWASSEE RD SUITE 201-A

ORLANDO, FL 32826 ORLANDO, FL 32835 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: ROSE-FABIENNE ALPHONSE-REID 09/27/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ALPHONSE-REID, ROSE-FABIENNE Name: Address: 2295 S. HIAWASSEE RD SUITE 201-A

City-St-Zip: ORLANDO, FL 32835 US

Title: CFO

Name: FRANCOIS, ALTAGRACIA N Address: 2620 CAMUS TERREBONNE City-St-Zip: QUEBEC, MT J6Y1S2 CA

Title: IVP

BARTLEY, SARADJEN Name: 2620 CAMUS TERREBONNE Address: City-St-Zip: QUEBEC, MT J5Y1S2 CA

Title: ADV

Name: LAFLEUR, HELENA V

3MF55A 370 LANGSIDE STREET Address: City-St-Zip: WINNEPEG MANITOBA, CA R3B0M2 CA

Title: SECR

Name: JOCELYN, MELISSA C

1, RUE CORNEILLE TABARRE 53 RUE INNOVATION Address:

PORT AU PRINCE, HA HAITI HA City-St-Zip:

Title:

MONGERARD, SARAH Name: Address: 30, RUE MARIéVILLE POITIERS, PA 86000 FR City-St-Zip:

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: ROSE-FABIENNE ALPHONSE-REID **PRES** 09/27/2012