

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13103

FILED
Apr 09, 2009
Secretary of State

Entity Name: INTERNATIONAL COLLEGE OF DENTISTS U.S.A. SECTION FOUNDATION, INC.

Current Principal Place of Business:

51 MONROE STREET
SUITE 1400
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

110 HUNTCLIFF POINT
PO BOX500339
ATLANTA, GA 31150 US

New Mailing Address:

3305 W. DAVIS
SUITE 300
CONROE, TX 77304 US

FEI Number: 36-3746586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBERTO, MICHAEL A
6702 PINEHURST PL.
BRADENTON, FL 34202 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 () Delete
Name: LUBERTO, MICHAEL A DDS
Address: 656 CANTERBURY ROAD
City-St-Zip: GROSSE POINTE WOODS, MI 48236 US

Title: VD () Delete
Name: DE NICOLA JR, ROSS J DDS
Address: 1613 BEECHGROVE DRIVE
City-St-Zip: BATON ROUGE, LA 70806 US

Title: STD () Delete
Name: SIMONS, CHARLES M DDS
Address: 3415 S LA FOUNTAIN STREET
City-St-Zip: KOKOMO, IN 46902 US

Title: TRD () Delete
Name: CLITHEROE, WILLIAM R DDS
Address: 5926 DUMFRIES
City-St-Zip: HOUSTON, TX 77096 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM CLITHEROE, DDS

TRD

04/09/2009

Electronic Signature of Signing Officer or Director

Date