2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2010
Secretary of State

DOCUMENT# N13103

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:

3305 W. DAVIS
SUITE 300
CONROE, TX 77304 US

New Mailing Address:

FEI Number: 36-3746586 **FEI Number Applied For ( )** **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:

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
Name: LUBERTO, MICHAEL A DDS
Address: 656 CANTERBURY ROAD
City-St-Zip: GROSSE POINTE WOODS, MI 48236 US

Title: STD
Name: OWENS, CHARLES DDS
Address: 9840 HAWTHORN GLEN DRIVE
City-St-Zip: GROSSE ILE, MI 48138 US

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

Title: TRD
Name: CLITHEROE, WILLIAM R DDS
Address: 5926 DUMFRIES
City-St-Zip: HOUSTON, TX 77096 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: WILLIAM R. CLITHEROE TRD 05/05/2010
Electronic Signature of Signing Officer or Director Date