

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13103

**FILED**  
**Apr 30, 2012**  
**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:**

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 ( )**

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

ALLEN, JAMES R  
26751 CLARKSTON  
BONITA SPRINGS, FL 34135 US

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

ALLEN, JAMES R  
26751 CLARKSTON, #16102  
BONITA SPRINGS, FL 34135 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

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

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

Title: PRES  
Name: ALLEN, JAMES R DMD  
Address: 5403 APACHE ROAD  
City-St-Zip: LOUISVILLE, KY 40207 US

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

Title: SEC  
Name: BARNES, DEXTER E DDS  
Address: 1325 4TH AVENUE SUITE 210  
City-St-Zip: SEATTLE, WA 98101 US

Title: TREA  
Name: PALER, RONALD J DDS  
Address: 5771 LAKE RIDGE DRIVE  
City-St-Zip: BRIGHTON, MI 48116

Title: PE  
Name: EMMERING, THOMAS F DDS  
Address: 26W 053 KLEIN CREEK DRIVE  
City-St-Zip: WINFIELD, IL 60190

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: JAMES R. ALLEN

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date