

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19648

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** T.R.A.A. EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

2121 EISENHOWER AVENUE, STE. 200  
ALEXANDRIA, VA 22314 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 EISENHOWER AVENUE, STE. 200  
ALEXANDRIA, VA 22314 US

**New Mailing Address:**

**FEI Number:** 59-2872191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: D-1  
Name: GRATZIANNA, MARCI  
Address: 2424 WISCONSIN AVE  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: T  
Name: SCOTT, MIKE  
Address: 1105 ASHLAND DR  
City-St-Zip: CAMERON, MO 64429

Title: P  
Name: COOLEY, HARRIET S  
Address: 2121 EISENHOWER AVENUE, STE. 200  
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: D-2  
Name: BLYTON, JOANNE  
Address: .2212 MAIN ST  
City-St-Zip: BILLINGS, MT 59105

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: HARRIET S. COOLEY

E D

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date