

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43551

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** ALPHA EPSILON LAMBDA, INC.

**Current Principal Place of Business:**

JOHN C. CAPECE  
6017 NW 27TH TERR  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1577  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 59-3063434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPECE, JOHN C  
1104 RIVER RUN  
PORT LABELLE VILLAS  
LABELLE, FL 33935 US

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

CAPECE, JOHN C  
1104 RIVER RUN  
LABELLE, FL 33935 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: \_\_\_\_\_

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAPECE, JOHN C  
Address: 1104 RIVER RUN  
City-St-Zip: LABELLE, FL 33935 US

Title: D  
Name: SOLAREV, ILYA  
Address: 19 WOODWAY RD. APT. 6  
City-St-Zip: STAMFORD, CT 069071459 US

Title: D  
Name: RAMAMURTHI, SURESH  
Address: 5100 S.W. URISH ROAD  
City-St-Zip: TOPEKA, KS 66610 US

Title: PD  
Name: LOCKHART, MADELYN  
Address: 238 GRINTER HALL -UF  
City-St-Zip: GAINESVILLE, FL 32611

Title: D  
Name: KURIATNIKOVA, CAROLE  
Address: 3336 LERITZ LANE  
City-St-Zip: EDGEWATER, MD 21037

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: JOHN C. CAPECE

D

04/12/2012

Electronic Signature of Signing Officer or Director

Date