

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001973

1. Entity Name

CONFERENCE OF AAU REGISTRARS, INC.



Principal Place of Business

2033 MAIN ST
STE 303
SARASOTA, FL 34236

Mailing Address

P.O. BOX 2704
SARASOTA, FL 34230



DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0667955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, CLIFFORD M
2033 MAIN ST
STE 303
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WAGER, JAMES J
STREET ADDRESS	114 SHIELDS BUILDING
CITY-ST-ZIP	UNIVERSITY PARK, PA 16802
TITLE	D
NAME	COTE, ROLAND A
STREET ADDRESS	INDIANA UNIVERSITY, 601 E. KIRKWOOD
CITY-ST-ZIP	BLOOMINGTON, IN 47405
TITLE	D
NAME	CONTE, SAMUEL D
STREET ADDRESS	UNIV. OF PITTSBURGH, 220 THACKERAY HALL
CITY-ST-ZIP	PITTSBURGH, PA 15260
TITLE	D
NAME	VAN VOORHIS, SUE
STREET ADDRESS	150 WILLIAMSON HALL, 231 PILLSBURY DR SE
CITY-ST-ZIP	MINNEAPOLIS, MN 55455
TITLE	D
NAME	CASTILLO-ROBSON, SUSIE
STREET ADDRESS	CALIF-BERKLEY, 127 SPROUL HALL, MC 5404
CITY-ST-ZIP	BERKELEY, CA 947205404
TITLE	D
NAME	CHERECK, HERBERT R
STREET ADDRESS	5257 UNIVERSITY OF OREGON
CITY-ST-ZIP	EUGENE, OR 97403

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IN THIS SPACE**

U00000372413
07/12/05-80006-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-5-05 (812) 855-2654