

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90040 006 \*\*\*\*61.25

**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

00000001



01112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0667955

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Roland A. Cote* (ROLAND A. COTE)

3-14-06 (812) 855-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #