



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90053 044 \*\*\*\*61.25

<b>DOCUMENT # N96000001973</b> 1. Entity Name <b>CONFERENCE OF AAU REGISTRARS, INC.</b>					
Principal Place of Business <b>2033 MAIN ST STE 303 SARASOTA, FL 34236</b>			Mailing Address <b>P.O. BOX 2704 SARASOTA, FL 34230</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03152007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0667955</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>KING, CLIFFORD M 2033 MAIN ST STE 303 SARASOTA, FL 34236</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGER, JAMES J 114 SHIELDS BUILDING UNIVERSITY PARK, PA 16802 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Myers, Brad 1800 Cannon Dr., 730 Lincoln Tower Columbus, OH 43210-1233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COTE, ROLAND A INDIANA UNIVERSITY, 601 E. KIRKWOOD BLOOMINGTON, IN 47405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cunningham, Bruce W. 121 Allen Building, Box 90654 Durham, North Carolina 27708-0654		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CONTE, SAMUEL D UNIV. OF PITTSBURGH, 220 THACKERAY HALL PITTSBURGH, PA 15260	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Berg, Joanne E. 21 N. Park Street, Rm. 7232 Madison, Wisconsin 53715-1218		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VAN VOORHIS, SUE 150 WILLIAMSON HALL, 231 PILLSBURY DR SE MINNEAPOLIS, MN 55455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Black, Thomas C. 5801 E. Ellis Administration 103 Chicago, Illinois 60637		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CASTILLO-ROBSON, SUSIE CALIF-BERKLEY, 127 SPROUL HALL, MC 5404 BERKELEY, CA 947205404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jones, Kathleen 214 Alumni Hall Ames, Iowa 50011-2011		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHERECK, HERBERT R 5257 UNIVERSITY OF OREGON EUGENE, OR 97403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stanley, Carol PO Box 400203, Carruthers Hall Charlottesville, Virginia 22904-4203		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/15/2007    (812) 855-2654 <small>Date    Daytime Phone #</small>		<b>Roland A. Cote</b>	