

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N98000000629

Entity Name: CENTER FOR POLICY IN HIGHER EDUCATION, INC.

**Current Principal Place of Business:**

9386 VIA CLASSICO WEST  
WELLINGTON, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

9386 VIA CLASSICO WEST  
WELLINGTON, FL 33411

**New Mailing Address:**

FEI Number: 65-0810604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BAKST, ELAINE M  
9386 VIA CLASSICO WEST  
WELLINGTON, FL 33411      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: DP      ( ) Delete  
Name: BAKST, DAREN L  
Address: 2016 BETRY PLACE  
City-St-Zip: RALEIGH, NC 27603

Title: D      ( ) Delete  
Name: RUBOY, SUSAN  
Address: 3624 GUNSTON RD  
City-St-Zip: ALEXANDRIA, VA 22302

Title: D      ( ) Delete  
Name: MOSS, WILLIAM M  
Address: 119 GREGORY PLACE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP/S      ( ) Delete  
Name: BAKST, ELAINE M  
Address: 9386 VIA CLASSICO WEST  
City-St-Zip: WELLINGTON, FL 33411

Title: D      ( ) Delete  
Name: CAMPOS, LENORA  
Address: 370 EAST 69TH STREET, APT. 2K  
City-St-Zip: NEW YORK, NY 10021

Title: D      ( ) Delete  
Name: RUSSELL, STEVEN  
Address: 415 DEVON DRIVE  
City-St-Zip: JOHNSTOWN, PA 15904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE BAKST

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

SEC

01/16/2009

\_\_\_\_\_  
Date