

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000629

FILED
Jan 07, 2010
Secretary of State

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
Name: BAKST, DAREN L
Address: 2016 BETRY PLACE
City-St-Zip: RALEIGH, NC 27603

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

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

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

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

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

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: ELAINE M. BAKST

RA

01/07/2010

Electronic Signature of Signing Officer or Director

Date