

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006548

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** INTERNATIONAL TEST COMMISSION, INC.

**Current Principal Place of Business:**

3301 DIAMOND KEY CT.  
PUNTA GORDA, FL 339554656 US

**New Principal Place of Business:**

**Current Mailing Address:**

3301 DIAMOND KEY CT.  
PUNTA GORDA, FL 339554656 US

**New Mailing Address:**

**FEI Number:** 65-0996223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRNE, BARBARA M DR  
3301 DIAMOND KEY CT.  
PUNTA GORDA, FL 339554656 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:** S  
**Name:** HAMBLETON, RONALD K PH.D.  
**Address:** 152 HILLS SOUTH, BOX 4140  
**City-St-Zip:** AMHERST, MA 01003 US

**Title:** T  
**Name:** BYRNE, BARBARA M PH.D.  
**Address:** 3301 DIAMOND KEY CT.  
**City-St-Zip:** PUNTA GORDA, FL 339554656 US

**Title:** P  
**Name:** BORN, MARISE PH.D.  
**Address:** Woudenstein, RM M5-38  
**City-St-Zip:** ROTTERDAM, DR 3000 DR NL

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:** BARBARA M. BYRNE PH.D.

T

02/24/2010

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

\_\_\_\_\_  
Date