

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107798

FILED
Mar 04, 2009
Secretary of State

Entity Name: THE ART INSTITUTE OF TAMPA, INC.

Current Principal Place of Business:

210 SIXTH AVE.
33RD FLOOR
PITTSBURGH, PA 15222

New Principal Place of Business:

4401 N. HIMES AVE.,
SUITE150
TAMPA, FL 33614

Current Mailing Address:

210 SIXTH AVE.
33RD FLOOR
PITTSBURGH, PA 15222

New Mailing Address:

FEI Number: 01-0746822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KRAMER, DEVITT J
Address: 210 SIXTH AVE. 33RD FLOOR
City-St-Zip: PITTSBURGH, PA 15222

Title: T () Delete
Name: PANNOZZO, DORINDA
Address: 210 SIXTH AVE., 33RD FLOOR
City-St-Zip: PITTSBURGH, PA 15222

Title: P () Delete
Name: JOHANNESSEN, GLENN
Address: 4511 N HIMES AVE., STE. 245
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: MCKERNAN, JOHN R
Address: 210 SIXTH AVE., 33RD FLOOR
City-St-Zip: PITTSBURGH, PA 15222

Title: AS () Delete
Name: MINAHAN, SUSAN
Address: 210 SIXTH AVE. 33RD FL.
City-St-Zip: PITTSBURGH, PA 15222

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE MINAHAN

AS

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date