2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P15459

The Hiled Hiled Hiles Aug 16, 2009

Secretary of State

Entity Name: THE INTERNATIONAL SOCIETY OF STRESS ANALYSTS, INC.

Current Principal Place of Business: New Principal Place of Business:

1065 N JOHN YOUNG PARKWAY 2609 MILTON AVE

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

PO BOX 479 2609 MILTON AVE

AMORY, MS 38821 US KISSIMMEE, FL 34741 US

FEI Number: 23-7304712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FULWIDER, JOHN F PHD

2609 MILTON AVE

BRUNETTE, LEO L

2609 MILTON AVE

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

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: LEO BRUNETTE 08/16/2009

Electronic Signature of Registered Agent Date

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

itle: VPD () Delete Title: PD (X) Change () Addition

 Name:
 BRUNETTE, LEO
 Name:
 BRUNETTE, LEO L

 Address:
 PO BOX 590
 Address:
 PO BOX 590

 City-St-Zip:
 LACENTER, WA 98629
 City-St-Zip:
 LACENTER, WA 98629

Title: P/D () Delete Title: D (X) Change () Addition

 Name:
 FULWIDER, JOHN F PH D
 Name:
 FULWIDER, JOHN F PH D

 Address:
 PO BOX 479
 Address:
 PO BOX 479

City-St-Zip: AMORY, MS 38821 US City-St-Zip: AMORY, MS 38821 US

Title: VP D () Delete Title: D (X) Change () Addition Name: SYLVESTRE, MICHAEL A Name: SYLVESTRE, MICHAEL A

Address: 2609 MILTON AVENUE Address: 2609 MILTON AVENUE City-St-Zip: KISSIMMIEE, FL 34741 US City-St-Zip: KISSIMMIEE, FL 34741 US

Title: D () Delete Title: () Change () Addition
Name: GUAY, GLENN Name:

 Name:
 GUAY, GLENN
 Name:

 Address:
 23 BIRCHWOOD DRIVE
 Address:

 City-St-Zip:
 DAYVILLE, CN 06241 US
 City-St-Zip:

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($)$ Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($X)$ Change $($)$ Addition}$

Name: MARINA-RESTREPO, LUZ L. AMER Name: MARINA-RESTREPO, LUZ

Address: PO BOX 479 Address: PO BOX 479

City-St-Zip: AMORY, MS 38821 US City-St-Zip: AMORY, MS 38821 US

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: MICHAEL SYLVESTRE D 08/16/2009