FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:27

DOCUMENT # P26090 (1)

1. Corporation Name
MOUNT IDA COLLEGE (INCORPORATED)

Principal Place of Business	Mailing Address
777 DEDHAM STREET NEWTON CENTRE MA 02159	777 DEDHAM STREET NEWTON CENTRE MA 02159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1989
3a. Date of Last Report: 04/18/1994
4. FEI Number: 04-2104736 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZILLMAN, MARCUS
1147 EDDINGTON PLACE
P.O. BOX 220
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CARLSON, BRYAN E.	12 NAME		
STREET ADDRESS	1246 CENTRAL AVE	13 STREET ADDRESS		
CITY-ST-ZIP	NEEDHAM, MA	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE	Exec. V.P./Treasurer	☑ Change ☐ Addition
NAME	PALMER, P. KENDALL	22 NAME	Toran, Ralph A.	
STREET ADDRESS	MAIN STREET	23 STREET ADDRESS	124 Marked Treet Road	
CITY-ST-ZIP	NEWFIELDS MA	24 CITY-ST-ZIP	Needham, MA	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MCGONNIGLE, MARY E	32 NAME		
STREET ADDRESS	354 HIGH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	DEDHAM MA	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CARLSON, EDWARD W.	42 NAME		
STREET ADDRESS	777 DEDHAM STREET	43 STREET ADDRESS		
CITY-ST-ZIP	NEWTON CENTRE MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CARLSON, F. ROY	52 NAME		
STREET ADDRESS	777 DEDHAM STREET	53 STREET ADDRESS		
CITY-ST-ZIP	NEWTON CENTRE MA	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/07/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date

0073220

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 1, 1995

MOUNT IDA COLLEGE (INCORPORATED)
777 DEDHAM STREET
NEWTON CENTRE, MA 02159

SUBJECT: MOUNT IDA COLLEGE (INCORPORATED)
Ref. Number: P26090

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

An officer or director listed in block 12, block 13 or on an attachment must sign the report in block 14.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Cynthia Hendrixson
Annual Report Section

Letter number: 495A00004344