

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000629

**FILED**  
**Jan 18, 2014**  
**Secretary of State**  
**CC5175183626**

**Entity Name:** CENTER FOR POLICY IN HIGHER EDUCATION, INC.

**Current Principal Place of Business:**

9386 VIA CLASSICO WEST  
WELLINGTON, FL 33411

**Current Mailing Address:**

9386 VIA CLASSICO WEST  
WELLINGTON, FL 33411

**FEI Number:** 65-0810604

**Certificate of Status Desired:** No

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

BAKST, ELAINE M  
9386 VIA CLASSICO WEST  
WELLINGTON, FL 33411 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name BAKST, DAREN L  
Address 2111 JEFFERSON DAVIS HIGHWAY  
APT. 221N  
City-State-Zip: ARLINGTON VA 22202

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

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

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

Title D  
Name RUSSELL, STEVEN  
Address 415 DEVON DRIVE  
City-State-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

VP/S

01/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date