

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004778

Entity Name: PROJECT MANAGEMENT INSTITUTE, INC.**Current Principal Place of Business:**14 CAMPUS BOULEVARD
NEWTOWN SQUARE, PA 19073**Current Mailing Address:**14 CAMPUS BOULEVARD
NEWTOWN SQUARE, PA 19073**FEI Number:** 23-1887442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 D
Name TOWNSON, GALEN
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title D
Name PICCARD, LUANN
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name LLEDO, PABLO
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name TOMLINSON, MATTHEW
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title D
Name TOLEDO, ROBERTO
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name SLUSANSCHI, ANCA E
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name SURA, TEJAS
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name GASPERINI, AGNIESZKA
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

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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: DAN CONRAD**SECRETARY****04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name DAN , CONRAD
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name SARINA , ARCARI
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name IKE , NWANKWO
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name AGNIESZKA , GASPERINI
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name TONY , APPLEBY
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name JENNIFER , THARP
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title DIRECTOR
Name ANCA , E SLUȘANSCHI
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073