

2017 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 DCEO
Name LANGLEY, MARK
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 D
Name DICKSON, MARK
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

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

Title D
Name NIETO-RODRIGUEZ, ANTONIO
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

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

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

Title D
Name FRAME, J. DAVIDSON
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: MARK LANGLEY**PRESIDENT & CEO****01/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title D
Name LA TONA, CATERINA
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

Title D
Name SAWLE, W. STEPHEN
Address 14 CAMPUS BOULEVARD
City-State-Zip: NEWTOWN SQUARE PA 19073

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

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

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

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

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