

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2013
Secretary of State
CC2328104312

Entity Name: THE INSTITUTE OF PROFESSIONAL PRACTICE, INC.

Current Principal Place of Business:

2096 AIRPORT RD-BERLIN
BARRE, VT 05641

Current Mailing Address:

2096 AIRPORT RD
PO BOX 1249
MONTPELIER, VT 05601-1249

FEI Number: 03-0284103

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	STEP
Name	STRAUSS, ROGER PHD
Address	909 RT 100B
City-State-Zip:	MORETOWN VT 05660
Title	VP
Name	KELLY, KIM
Address	20 TATER ST
City-State-Zip:	MONT VERNON NH 03057
Title	P
Name	RIVERS, JAMES
Address	802 TOWNE HILL ROAD
City-State-Zip:	MONTPELIER VT 05602

Title	DEV
Name	LUSSIER, ELAINE J
Address	278 VINE ST -BERLIN
City-State-Zip:	BARRE VT 05641
Title	V
Name	CHATER, MICHAEL
Address	999 TERRACE STREET
City-State-Zip:	MONTPELIER VT 05602
Title	D
Name	SCHAARSCHMIDT, MARI
Address	130 WEST SHORE DRIVE
City-State-Zip:	GROTON VT 05046

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: ROGER STRAUSS, PH.D.

EXECUTIVE PRESIDENT **03/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date