

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006642

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC1259262980**

**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           PRESIDENT  
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

Title           VP  
Name           CURTIS, MICHAEL  
Address        83 DAVY ROAD  
City-State-Zip: MONTPELIER VT 05602

*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

**STEP**

**03/17/2015**

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

\_\_\_\_\_  
Date