

No. C 214027	Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NATIONAL CERTIFIED PUBLIC MANAGER CONSORTIUM PATRICIA MORGAN PO BOX 2133 BOISE ID 83701-2133 USA		PATRICIA MORGAN 3213 E BOULDER HEIGHTS DRIVE BOISE ID 83712-6818			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ELLEN FREEMAN	UNIVERSITY OF NEBRASKA OMAHA 6001 DODGE ST, CB 111	OMAHA	NE	USA	68182
SECRETARY	STEPHANIE DUNCAN	SOUTH CAROLINA DEPT. OF ADMINI 8301 PARKLANE ROAD, STE A 220	COLUMBIA	SC	USA	29223
TREASURER	ANN COTTEN	SCHAEFER CENTER FOR PUBLIC POL 1420 N. CHARLES STREET	BALTIMORE	MD	USA	21201
DIRECTOR	CHERYL ROBERTSON	DCHR WORKFORCE DEVELOPMENT 441 FOURTH STREET NW, STE 850	WASHINGTON	DC	USA	20001
DIRECTOR	CHARLES D TAYLOR	BOWEN CRT/PUB AFFAIRS BALL STATE UNIVERSITY	MUNCIE	IN	USA	83712
5. Organized Under the Laws of: NC C 214027		6. Annual Report must be signed.* Signature: Patricia Morgan Name (type or print): Patricia Morgan Date: 06/18/2018 Title: Administrator				
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.				