

NAME:	DR. MARIBETH DURST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP ACAD. AFFRS.		
ADDRESS:	P.O BOX 6665		
	MC2246		
CITY/ST/ZIP/CO:	SAINT LEO, FL 33574		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ FRANCIS MEZZANINI</u>	<u>FRANCIS MEZZANINI,</u>	<u>6/5/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.