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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 654085 (0)  
1. Corporation Name  
TALENT ASSESSMENT, INC.



Principal Place of Business: 6838 PHILLIPS PWY DR SO, P.O. BOX 5097, JACKSONVILLE FL 32256  
Mailing Address: 6838 PHILLIPS PWY DR SO, P.O. BOX 5087, JACKSONVILLE FL 32256-1564

3. Date Incorporated or Qualified: 01/30/1980  
3a. Date of Last Report: 09/20/1996  
4. FEI Number: 59-2091087  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 6838 Phillips Pkwy Drs, Jacksonville FL  
2a. Mailing Address: 26 6838 Phillips Pkwy Drs, Jacksonville FL  
22 Jacksonville FL  
23 Jacksonville FL  
24 32256 25 DUVAL  
27 Jacksonville FL  
28 Jacksonville FL  
29 32256 30 DUVAL

9. Name and Address of Current Registered Agent  
BORDEN, BEN P.  
6838 6838 PHILLIPS PKWY DR S.  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: DP BORDEN, BEN P., 6838 PHILLIPS PWY DR S, JACKSONVILLE FL.

Table with 2 columns: 1.1-1.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and 2.1-2.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP). Includes checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Ben P. Borden 4/29/97 960-310-4107

CR2E034 (9/96)