2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90057 013 ***150.00

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1. Entity Name
PERFORMANCE LEARING SYSTEMS, INC.

Principal Place of Business	Mailing Address
4780 YORK DR. OREFIELD, PA 18069	224 CHURCH ST. NAVADA CITY, CA 95959

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-1892811 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, DIANA 1732 DISSTON AVE. CLERMONT, FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSE, CORNELIUS C JR.	NAME	
STREET ADDRESS	4780 YORK DR.	STREET ADDRESS	
CITY-ST-ZIP	OREFIELD, PA 18069	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	HASENSTAB, JOSEPH K	NAME	
STREET ADDRESS	224 CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	NEVADA CITY, CA 95959	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHEKELL, DONNA	NAME	
STREET ADDRESS	281 SUN HILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CADIZ, KY 32211	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	Vice President ☒ Change ☐ Addition
NAME	BARKLEY, STEPHEN G	NAME	
STREET ADDRESS	6227 LOWER MOUNTAIN RD	STREET ADDRESS	
CITY-ST-ZIP	NEW HOPE, PA 18938	CITY-ST-ZIP	
TITLE	TOF ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WAINA, WILLIAM F JR	NAME	
STREET ADDRESS	224 CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	NEVADA CITY, CA 95959	CITY-ST-ZIP	
TITLE	CFO ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHIEF FIANANCIAL OFFICER	NAME	Kathryn Dienz
STREET ADDRESS	4780 YORK DR.	STREET ADDRESS	4780 York Dr
CITY-ST-ZIP	OREFIELD, PA 18069	CITY-ST-ZIP	Orefield, PA 18069

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William F. Waina, Jr. — William F. Waina, Jr. — 2/9/04 — 530-274-3829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #