


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90172 048 \*\*\*150.00

**DOCUMENT # F02000004056**

1. Entity Name  
**PERFORMANCE LEARNING SYSTEMS, INC.**



Principal Place of Business  
**4780 YORK DR.  
OREFIELD PA 18069**

Mailing Address  
**224 CHURCH ST.  
NAVADA CITY CA 95959**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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**

**BROWN, DIANA**  
**1732 DISSTON AVE.**  
**CLERMONT FL 34711**

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, CORNELIUS C JR.</b>	
STREET ADDRESS	<b>4780 YORK DR.</b>	
CITY-ST-ZIP	<b>OREFIELD PA 18069</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HASENSTAB, JOSEPH K</b>	
STREET ADDRESS	<b>224 CHURCH ST.</b>	
CITY-ST-ZIP	<b>NEVADA CITY CA 95959</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOUGHERTY, ELLEN M</b>	
STREET ADDRESS	<b>4780 YORK DR.</b>	
CITY-ST-ZIP	<b>OREFIELD PA 18069</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BARKLEY, STEPHEN G</b>	
STREET ADDRESS	<b>6227 LOWER MOUNTAIN RD</b>	
CITY-ST-ZIP	<b>NEW HOPE PA 18938</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WAINA, WILLIAM F JR</b>	
STREET ADDRESS	<b>224 CHURCH ST.</b>	
CITY-ST-ZIP	<b>NEVADA CITY CA 95959</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Donna Shekell</b>	
STREET ADDRESS	<b>281 Sun Hill Circle</b>	
CITY-ST-ZIP	<b>Cadiz, KY 32211</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Tax Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chief Financial Officer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4780 York Dr.</b>	
CITY-ST-ZIP	<b>Orefield, PA 18069</b>	

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.* **WAINA, WILLIAM F. JR.** Waina, Jr. 03/06/03 530-265-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)