

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90002 046 ****61.25

DOCUMENT # F98000002173

1. Entity Name

THE LEARNING INITIATIVE INCORPORATED

Principal Place of Business

**316 WEST 12TH STREET
 AUSTIN TX 78701-1840**

Mailing Address

**316 WEST 12TH STREET
 AUSTIN TX 78701-1840**

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 **74-2859814**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEDICH, NICHOLAS DR.
 1003 FEATHERSTONE CIR.
 OCOEE FL 34761-3411**

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
C
HOLTZMAN, WAYNE H PH.D
 STREET ADDRESS **316 WEST 12TH STREET**
 CITY-ST-ZIP **AUSTIN TX 78701-1840**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D
GLEDICH, NORA F
 STREET ADDRESS **1003 FEATHERSTONE CIR.**
 CITY-ST-ZIP **OCOEE FL 34761-3411**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D
WISNESKI, WILLIAM J
 STREET ADDRESS **786 STRAWBERRY HILL ROAD**
 CITY-ST-ZIP **CONCORD MA 01742**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
P
WILLIAMSON, THOMAS A
 STREET ADDRESS **5 CHEVERY COURT**
 CITY-ST-ZIP **AUSTIN TX 78738-1511**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
V
WILLIAMSON, KATHRYN W
 STREET ADDRESS **5 CHEVERY COURT**
 CITY-ST-ZIP **AUSTIN TX 78738-1511**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
S
SMITH, ANGELA
 STREET ADDRESS **9209 SIMMONS ROAD**
 CITY-ST-ZIP **AUSTIN TX 78759**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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:

Thomas A. Williamson
THOMAS A. WILLIAMSON
 PRESIDENT

THOMAS A. WILLIAMSON
 PRESIDENT

01/23/02 512-708-9361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)