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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # L00888 (2)

1. Corporation Name
NATIONAL INSTITUTE FOR LEGAL EDUCATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 811086 BOCA RATON FL 33481-8086	P.O. BOX 811086 BOCA RATON FL 33481-8086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0175680 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALAMONE, CHRIS M
4800 N. FEDERAL HWY
SUITE D-102
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Chris M. Salamone
82 Street Address (P.O. Box Number is Not Acceptable): 4800 N Federal Hwy S
83: Suite 106-D
84 City: Boca Raton FL 85 Zip Code: 33431

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] 5/1/95
Signature, typed or printed name of registered agent and date signed — NOTE: Registered Agent's signature required where indicated — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	11 TITLE	DPC ☑ Change ☐ Addition
NAME	SALAMONE, CHRIS M.	12 NAME	SALAmone, Chris M.
STREET ADDRESS	~~ONE S. OCEAN BLVD., #203~~	13 STREET ADDRESS	4800 N Federal Hwy Suite 106-D
CITY ST ZIP	~~BOCA RATON FL 33481~~	14 CITY ST ZIP	Boca Raton, Fl. 33431
TITLE	DVS	21 TITLE	DV.S ☑ Change ☐ Addition
NAME	SALAMONE, ANTHONY C.	22 NAME	Anthony C. SALAmone
STREET ADDRESS	ONE S. OCEAN BLVD., #203	23 STREET ADDRESS	4800 N Federal Hwy Suite 106-D
CITY ST ZIP	BOCA RATON FL 33481	24 CITY ST ZIP	Boca Raton, Fl 33431
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LISNEK, PAUL, M	32 NAME	
STREET ADDRESS	320 W OAKDALE #1302	33 STREET ADDRESS	
CITY ST ZIP	CHIGAGO IL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Chris M. Salamone, Pres 5/1/95 (VOLUNTARY) 352 2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430706 FP