

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20351** (3)

1. Corporation Name  
**NATIONAL STUDENT SERVICES, INC.**



Principal Place of Business: **208 OLD LANCASTER ROAD DEVON PA 19333**  
Mailing Address: **208 OLD LANCASTER ROAD DEVON PA 19333**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **08/04/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FET Number: **23-2210329**  
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  
**XL CORPORATE SERVICES, INC.  
1017 THOMASVILLE ROAD, SUITE B  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent  
81 Name: **CT Corporation System**  
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**  
83  
84 City: **Plantation** FL 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent, or both, in the State of Florida, as authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0502 and Florida Statutes.

SIGNATURE: *Domenic Borriello* Domenic Borriello, Asst. Secretary 2/21/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
P	NICOLUCCI, JUANITA E.	31 GLENDALE RD.	HAVERTOWN PA	
ST	COFFIN, WILLIAM C. JR.	35 GROVE ST.	BASKING RIDGE NJ	
VP	BOODEY, LINDA P.	270 W BOOT RD	WEST CHESTER PA	
VP	SMITH, CHARMAINE R	RR3 BOX 234	ELVERSON PA 19520	
	CALLAHAN, ANNAMARY	698 SPRINGDELL ROAD	KING OF PRUSSIA PA 19406	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		100001727561	-02/29/96--01018--001	
		***208.75		
		2895 Ridge Road		

*Cmp 2/28/96*

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)(k), 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 Book 12 or Book 13 of changes, if or on attachment with an address.

SIGNATURE: *Juanita Edith Nicolucci* 2-22-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Juanita Edith Nicolucci**  
Telephone Number: **(610) 688-2277**