

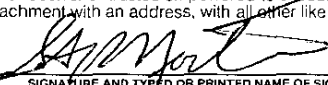


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90056 007 \*\*\*150.00

<b>DOCUMENT # 523456</b> 1. Entity Name <b>NATIONAL SCHOOL OF TECHNOLOGY, INC.</b>					
Principal Place of Business <b>6 HUTTON CENTRE DRIVE SUITE 400 SANTA ANA, CA 92707 US</b>			Mailing Address <b>6 HUTTON CENTRE DRIVE SUITE 400 SANTA ANA, CA 92707 US</b>		
2. Principal Place of Business <b>6 Hutton Centre Drive</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Santa Ana, CA</b> Zip <b>92707</b>		3. Mailing Address <b>6 Hutton Centre Drive</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Santa Ana, CA</b> Zip <b>92707</b>			
Country <b>U.S.</b>		Country <b>U.S.</b>		01052004 Chg-P. CR2E034 (10/03)	
4. FEI Number <b>59-1720069</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ORTIZ, ARTHUR</b> <b>16150 NE 17TH AVE</b> <b>N MIAMI BCH, FL 00000,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C-CEO <b>David G. Moore</b> <b>6 Hutton Centre Drive, Suite 400</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>KNOBEL, MARTIN</b> <b>16150 NE 17TH AVE</b> <b>N MIAMI BCH, FL 00000,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>Dennis L. Devereux</b> <b>6 Hutton Centre Drive, Suite 400</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>IVERSON, ROSA M</b> <b>1590 NE 162 ST</b> <b>N MIAMI BCH, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Anthony Digiovanni</b> <b>6 Hutton Centre Drive, Suite 400</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO <b>Dennis N. Beal</b> <b>6 Hutton Centre Drive, Suite 400</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Beth Wilson</b> <b>6 Hutton Centre Drive, Suite 400</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Stan A. Moretensen</b> <b>6 Hutton Centre Drive, Suite 400</b> <b>Santa Ana, CA 92707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			1/2/04 (714)424-8888 <small>Date Daytime Phone #</small>		

**Stan A. Mortensen, Sr. V.P., General Counsel  
& Corporate Secretary**