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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 697702 (9)  
1. Corporation Name  
NATIONAL INSTITUTE FOR PARALEGAL ARTS AND SCIENC  
ES, INC.



Principal Place of Business  
BAUDER FASHION COLLEGE  
4801 N DIXIE HIGHWAY  
FT LAUDERDALE FL 33334  
US

Mailing Address  
\* NAT'L EDUCATION CORP. ATTN: TAX DEPT  
18400 VON KARMAN AVENUE, 10TH FLOOR  
IRVINE CA 92612-1514  
US

3. Date Incorporated or Qualified 08/03/1981 3a. Date of Last Report 03/05/1996  
4. FEI Number 05-3654243 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 None 26 2601 Main Street  
22 Suite, Apt. #, etc. 27 Suite 700  
23 City & State 28 Irvine, CA  
24 Zip 25 Country 29 92614 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YAU, SAM	
STREET ADDRESS	18400 VON KARMAN	
CITY-ST-ZIP	IRVINE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CLAUSEN, JOHN K	
STREET ADDRESS	18400 VON KARMAN	
CITY-ST-ZIP	IRVINE CA	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	OGATA, KEITH K	
STREET ADDRESS	18400 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JARDON, . STEPHEN	
STREET ADDRESS	18400 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MAYNARD, PHILIP C	
STREET ADDRESS	18400 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOLEMAN, ROBERT R	
STREET ADDRESS	1732 REYNOLDS STREET	
CITY-ST-ZIP	IRVINE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2601 Main Street, Suite 700
1.4 CITY-ST-ZIP	Irvine, CA 92614
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2601 Main Street, Suite 700
2.4 CITY-ST-ZIP	Irvine, CA 92614
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2601 Main Street, Suite 700
3.4 CITY-ST-ZIP	Irvine, CA 92614
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2601 Main Street, Suite 700
4.4 CITY-ST-ZIP	Irvine, CA 92614
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2601 Main Street, Suite 700
5.4 CITY-ST-ZIP	Irvine, CA 92614
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2601 Main Street, Suite 700
6.4 CITY-ST-ZIP	Irvine, CA 92614

14. I do 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 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: \_\_\_\_\_ John L. Clausen 4/25/97 (714) 474-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0601944

CR2E034 (9/96)

**NATIONAL INSTITUTE FOR PARALEGAL ARTS AND SCIENCES, INC.**  
**THE TERM OF OFFICE FOR ALL OFFICERS AND DIRECTORS EXPIRES IN MAY 1997**

<b><u>OFFICERS</u></b>	<b><u>OFFICE</u></b>	<b><u>ADDRESS</u></b>
Keith K. Ogata	President, Chief Executive Officer and Treasurer	18400 Von Karman Avenue Irvine, CA 92715
Philip C. Maynard	Vice-President and Secretary	18400 Von Karman Avenue Irvine, CA 92715
Glen Medwid	Controller	18400 Von Karman Avenue Irvine, CA 92715
Stephen Jardon	Assistant Treasurer	18400 Von Karman Avenue Irvine, CA 92715
John L. Clausen	Assistant Treasurer	18400 Von Karman Avenue Irvine, CA 92715
Robert R. Holmen	Assistant Secretary	18400 Von Karman Avenue Irvine, CA 92715
Carol M. Hess	Assistant Secretary	18400 Von Karman Avenue Irvine, CA 92715

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**DIRECTORS**

Sam Yau, Chairman of the Board	18400 Von Karman Avenue Irvine, CA 92715
Keith K. Ogata	18400 Von Karman Avenue Irvine, CA 92715
Philip C. Maynard	18400 Von Karman Avenue Irvine, CA 92715