2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 08:00 AM
Secretary of State

DOCUMENT # 747318

1. Entity Name
COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENTINC.

Principal Place of Business	Mailing Address
6301 KIRKWOOD BLVD SW LINN HALL 134 CEDAR RAPIDS IA 52406 US	6301 KIRKWOOD BLVD SW LINN HALL 134 CEDAR RAPIDS IA 52406 US

DO NOT WRITE IN THIS SPACE

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 59-2073513 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALDER JOHN
C/O DON MATTHEWS
1200 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH FL
32120

7. Name and Address of New Registered Agent

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 JOHN A. HALDER 03/20/2001
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	D			☐ Delete	TITLE	D			☒ Change ☐ Addition
NAME	HERNANDEZ EDDIE				NAME	BLONG JOHN			
STREET ADDRESS	2323 N BROADWAY STE 410				STREET ADDRESS	306 WEST RIVER DRIVE			
CITY-ST-ZIP	SANTA ANA	CA	92706		CITY-ST-ZIP	DAVENPORT	IA	52801	
TITLE	D			☐ Delete	TITLE	D			☒ Change ☐ Addition
NAME	GEORGE ORLANDO				NAME	STEPHENSON GWEN			
STREET ADDRESS	RT 13 DENNEY				STREET ADDRESS	39 COLUMBIA DRIVE			
CITY-ST-ZIP	DOVER	DE	19901		CITY-ST-ZIP	TAMPA	FL	336313127	
TITLE	DV			☐ Delete	TITLE	DV			☒ Change ☐ Addition
NAME	TSUNODA JOYCE				NAME	MUSE CLYDE			
STREET ADDRESS	2444 DOLE ST				STREET ADDRESS	PMB 10458			
CITY-ST-ZIP	HONOLULU	HI	96822		CITY-ST-ZIP	RAYMOND	MS	391541100	
TITLE	DT			☐ Delete	TITLE	DT			☒ Change ☐ Addition
NAME	NIELSEN NORM				NAME	NIELSEN NORM			
STREET ADDRESS	6301 KIRKWOOD BLVD				STREET ADDRESS	6301 KIRKWOOD BLVD SW			
CITY-ST-ZIP	CEDAR RAPIDS	IA	52406		CITY-ST-ZIP	CEDAR RAPIDS	IA	52406	
TITLE	CD			☐ Delete	TITLE	CD			☒ Change ☐ Addition
NAME	BLONG JOHN				NAME	TSUNODA JOYCE			
STREET ADDRESS	306 W RIVER DR				STREET ADDRESS	2444 DOLE STREET			
CITY-ST-ZIP	DAVENPORT	IA	52801		CITY-ST-ZIP	HONOLULU	HI	96822	
TITLE	SMD			☐ Delete	TITLE	SMD			☒ Change ☐ Addition
NAME	HALDER JOHN				NAME	HALDER JOHN			
STREET ADDRESS	1200 W INT				STREET ADDRESS	1200 W INTERNATIONAL SPEEDWAY			
CITY-ST-ZIP	DAYTONA BCH	FL	32120		CITY-ST-ZIP	DAYTONA BCH	FL	32120	

CR2E037 (11/00)

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: John A. Halder Pred 03/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #