## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#747318** 

FILED Apr 11, 2002 8:00 AM Secretary of State

Entity Name: COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENTING.

Current P					
	Principal Place of	Business:	New Prin	icipal Place of Business:	
JINN HAL	KWOOD BLVD SW LL 134 RAPIDS, IA 52406	US	EAST CAI	KWOOD BLVD SW MPUS 12 RAPIDS, IA 52406 US	
Current N	Mailing Address:		New Mail	ling Address:	
301 KIRI	KWOOD BLVD SW	1	6301 KIRI	KWOOD BLVD SW	
JINN HAL		US	EAST CAI		
El Number	r: 59-2073513 F	El Number Applied For()	FEI Number Not App	plicable ( ) Certificate of Status Desired (	)
Name and	d Address of Curr	ent Registered Agent:	Name and	d Address of New Registered Agent:	
1200 W IN DAYTONA	MATTHEWS NTERNATIONAL S A BCH, FL 32120		ournose of changing	its registered office or registered agent, or b	hoth
	te of Florida.	The the statement for the p	Airpose of changing	The registered effice of registered agent, or t	,
SIGNATU					
	Electronic S	Signature of Registered Age	∍nt	Date	
OFFICER	S AND DIRECTO	RS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIREC	CTOR
Fitle: Name: Address: City-St-Zip:	SMD () Del HALDER, JOHN 1200 W INTERNATI DAYTONA BCH, FL	ONAL SPEEDWAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	CD ( ) Del TSUNODA, JOYCE 2444 DOLE STREE HONOLULU, HI 968	Т	Title: Name: Address: City-St-Zip:	CD (X) Change ( ) Addition MUSE, CLYDE PMB 10458 RAYMOND, MS 391541100 US	
Fitle: Name: Address: City-St-Zip:	DT ( ) Del NIELSEN, NORM 6301 KIRKWOOD E CEDAR RAPIDS, IA	BLVD SW	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	DV () Dele MUSE, CLYDE PMB 10458 RAYMOND, MS 39		Title: Name: Address: City-St-Zip:	DV (X) Change ( ) Addition HERNANDEZ, EDDIE 2323 NORTH BROADWAY, SUITE 410 SANTA ANA, CA 927061640 US	
Fitle: Name: Nddress: City-St-Zip:	D ( ) Del STEPHENSON, GW 39 COLUMBIA DRIV TAMPA, FL 336313	/EN /E	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KOPECEK, ROBERT 3835 GREEN POND ROAD BETHLEHEM, PA 180207599 US	
Γitle:	D ( ) Del	ete	Title: Name:	D (X) Change ( ) Addition TSUNODA, JOYCE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HALDER SMD 04/11/2002