FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAR 16 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758866 (8)

1. Corporation Name

NATIONAL ASSOCIATION OF EDUCATIONAL NEGOTIATORS, INC.

Principal Place of Business	Mailing Address
21D P.O.BOX 4342 (62708) SPRINGFIELD IL 62708	21D P.O.BOX 4342 (62708) SPRINGFIELD IL 62708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1981
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2112656 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NOELL, JAMES C
MARION COUNTY SCHOOL BD
512 SE THIRD ST
OCALA FL 32671

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	AKEHURST, ALAN	1.2 NAME	
STREET ADDRESS	1940 HAYNES ROAD, KELOWNA BRIT. COLUMBIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	V1X 5X7 CANADA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	PILIOTIS, BILL	2.2 NAME	
STREET ADDRESS	451 PARK STREET WEST, WINDSOR ONTARIO	2.3 STREET ADDRESS	700001433687
CITY-ST-ZIP	N9A 5V4 CANADA	2.4 CITY-ST-ZIP	-03/20/95--01046--007
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	DAMAS, STAN	3.2 NAME	
STREET ADDRESS	1770 LINCOLN	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80203	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GWIN, MELBOURNE N.	4.2 NAME	
STREET ADDRESS	P.O. BOX 2766 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERCED CA 95340	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BOOTH, RONALD R.	5.2 NAME	
STREET ADDRESS	P.O. BOX 4342	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL 62708	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WARY, CURT	6.2 NAME	
STREET ADDRESS	413 WEST STATE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON NJ 08605	6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald R Booth 3-1-95 217/524-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007A024