


# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758866 (8)**  
1. Corporation Name  
**NATIONAL ASSOCIATION OF EDUCATIONAL NEGOTIATORS, INC.**



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

Mailing Address  
**21D  
P.O. BOX 4342 (62708)  
SPRINGFIELD IL 62708**

3. Date Incorporated or Qualified  
**06/23/1981**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business <b>21 122 White Pine Dr</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Springfield IL</b> Zip <b>24 62707</b>	2a. Mailing Address <b>26 122 White Pine Dr.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Springfield IL</b> Zip <b>29 62707</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AKEHURST, ALAN	
STREET ADDRESS	1940 HAYNES ROAD, KELOWNA BRIT. COLUMBIA	
CITY - ST - ZIP	V1X 5X7 CANADA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PILOTIS, BILL	
STREET ADDRESS	451 PARK STREET WEST, WINDSOR ONTARIO	
CITY - ST - ZIP	N9A 5V4 CANADA	
TITLE	<del>PD</del>	<input type="checkbox"/> DELETE
NAME	DAMAS, STAN	
STREET ADDRESS	1770 LINCOLN	
CITY - ST - ZIP	DENVER CO 80203	
TITLE	<del>PD</del>	<input type="checkbox"/> DELETE
NAME	GWIN, MELBOURNE N.	
STREET ADDRESS	P.O. BOX 2766 N/A	
CITY - ST - ZIP	MERCED CA 95340	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOOTH, RONALD R.	
STREET ADDRESS	P.O. BOX 4342	
CITY - ST - ZIP	SPRINGFIELD IL 62708	
TITLE	<del>PD</del>	<input type="checkbox"/> DELETE
NAME	WARY, CURT	
STREET ADDRESS	413 WEST STATE STREET	
CITY - ST - ZIP	TRENTON NJ 08605	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALFRED T. RICCIO	
1.3 STREET ADDRESS	PO BOX 601 N/A	
1.4 CITY - ST - ZIP	BROWNVILLE NY 13615	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NANCY JORGENSEN	
2.3 STREET ADDRESS	772 McCOY RD	
2.4 CITY - ST - ZIP	FRANKLIN LAKES NJ 07417	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	M S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KING, LYN D	
5.3 STREET ADDRESS	122 WHITE PINE DRIVE	
5.4 CITY - ST - ZIP	SPRINGFIELD IL 62707	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Alan Akehurst Date: 4/2/96 Daytime Phone #: 217-786-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)