

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**122 WHITE PINE DRIVE  
SPRINGFIELD IL 62707  
US**

**122 WHITE PINE DRIVE  
SPRINGFIELD IL 62707  
US**

3. Date Incorporated or Qualified

**06/23/1981**

4. FEI Number

**59-2112656**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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 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

*James C. Noell*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-10-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>RICCIO, ALFRED T.</b>	
STREET ADDRESS	<b>P.O. BOX 601 NA</b>	
CITY-ST-ZIP	<b>BROWNVILLE NY</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JORGENSEN, NANCY</b>	
STREET ADDRESS	<b>772 MCCOY ROAD</b>	
CITY-ST-ZIP	<b>FRANKLIN LAKES NJ</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAMAS, STAN</b>	
STREET ADDRESS	<b>1770 LINCOLN</b>	
CITY-ST-ZIP	<b>DENVER CO</b>	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	<b>VP</b>	
3.3 STREET ADDRESS	<b>Tooredman, Kathryn</b>	
3.4 CITY-ST-ZIP	<b>951 Carolyn Drive</b>	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>GWIN, MELBOURNE N.</b>	
STREET ADDRESS	<b>P.O. BOX 2768 N/A</b>	
CITY-ST-ZIP	<b>MERCED CA</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	M	<input type="checkbox"/> DELETE
NAME	<b>KING, LYN D.</b>	
STREET ADDRESS	<b>122 WHITE PINE DRIVE</b>	
CITY-ST-ZIP	<b>SPRINGFIELD IL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>WARY, CURT</b>	
STREET ADDRESS	<b>413 WEST STATE STREET</b>	
CITY-ST-ZIP	<b>TRENTON NJ</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

*Stan Damas*

**2/4/98**

**217-786-7020**

CR2E037 (10/97)