FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # 758866

1. Corporation Name
NATIONAL ASSOCIATION OF EDUCATIONAL NEGOTIATORS, INC.

Principal Place of Business
122 WHITE PINE DRIVE
SPRINGFIELD IL 62707
US

Mailing Address
122 WHITE PINE DRIVE
SPRINGFIELD IL 62707
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/23/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2112656 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 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 X James N. Noell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICCIO, ALFRED T.		1.2 NAME		
STREET ADDRESS	P.O. BOX 601 NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROWNVILLE NY		1.4 CITY-ST-ZIP		
TITLE T	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JORGENSEN, NANCY		2.2 NAME		
STREET ADDRESS	772 MCCOY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN LAKES NJ		2.4 CITY-ST-ZIP		
TITLE D	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOOREDMAN, KATHRYN		3.2 NAME		
STREET ADDRESS	951 CAROLYN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL 60067		3.4 CITY-ST-ZIP		
TITLE T	ST	☐ DELETE	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		4.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, LYN D.		5.2 NAME		
STREET ADDRESS	122 WHITE PINE DIRVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD IL		5.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	WARY, CURT		6.2 NAME	Jerry Williams	
STREET ADDRESS	413 WEST STATE STREET		6.3 STREET ADDRESS	615 SW 7th	
CITY-ST-ZIP	TRENTON NJ		6.4 CITY-ST-ZIP	Rochester Mn 55902	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/1/99 217/529-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)