

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT 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 # 810517 (3)**  
 1. Corporation Name  
**TRAINING CENTERS INC**



Principal Place of Business <b>23 WALL ST                  NEW YORK NY 10260-0023                  US</b>	Mailing Address <b>23 WALL ST                  NEW YORK NY 10260-0023                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>09/03/1955</b>
<b>4. FEI Number</b> <b>13-6065182</b>		Applied For <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b>	
				<b>81 Name</b>	
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
				<b>83</b>	
				<b>84 City</b>	<b>85 Zip Code</b> <b>FL</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VASD RICCI, CLIFFORD W. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 WALL STREET NEW YORK NY	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VASD ADKINSON, J. DANIEL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 WALL STREET NEW YORK NY	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD MARCHAND, DAVID H. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 WALL STREET NEW YORK NY	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TAS MANCUSO, ANNE M. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 WALL STREET NEW YORK NY	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VSD RODITI, JACK <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 WALL STREET NEW YORK NY	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VASD COLE, E. CLIFFORD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 WALL STREET NEW YORK NY	6.2 NAME	VASD COLE, E CLIFFORD
STREET ADDRESS		6.3 STREET ADDRESS	23 WALL STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NEW YORK NY

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

CF2E034 (10/97)

**DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>
J. DANIEL ADKINSON	23 WALL STREET, NEW YORK, NY 10260-0023
E. CLIFFORD COLE	"
DAVID H. MARCHAND	"
CLIFFORD E. RICCI	"
JACK RODITI	"

**OFFICERS**

<u>TITLE</u>	<u>ADDRESS</u>
PRESIDENT	DAVID H. MARCHAND 23 WALL STREET, NEW YORK, NY 10260-0023
VICE PRESIDENT AND SECRETARY	JACK RODITI "
VICE PRESIDENT AND ASSISTANT SECRETARY	J. DANIEL ADKINSON "
VICE PRESIDENT AND ASSISTANT SECRETARY	JOSEPH K. AZELBY "
VICE PRESIDENT AND ASSISTANT SECRETARY	DARWIN F. BROWN "
VICE PRESIDENT AND ASSISTANT SECRETARY	E. CLIFFORD COLE "
VICE PRESIDENT AND ASSISTANT SECRETARY	JAMES J. DOUGHERTY "
VICE PRESIDENT AND ASSISTANT SECRETARY	RONALD G. HODGE II "
VICE PRESIDENT AND ASSISTANT SECRETARY	WILLIAM R. HURT "
VICE PRESIDENT AND ASSISTANT SECRETARY	BETSY L. JACOBSON "

**OFFICERS (cont'd)****TITLE****ADDRESS**

VICE PRESIDENT AND ASSISTANT SECRETARY	CHARLES T. KIMBALL	23 WALL STREET, NEW YORK, NY 10260-0023
VICE PRESIDENT AND ASSISTANT SECRETARY	GERARD W. LILLIS	"
VICE PRESIDENT AND ASSISTANT SECRETARY	DONNA LLOYD	"
VICE PRESIDENT AND ASSISTANT SECRETARY	DAVID G. MULLER	"
VICE PRESIDENT AND ASSISTANT SECRETARY	CLIFFORD E. RICCI	"
VICE PRESIDENT AND ASSISTANT SECRETARY	JOHN M. THIBEAUX	"
VICE PRESIDENT AND ASSISTANT SECRETARY	WILLIAM D. WALKER	"
VICE PRESIDENT AND ASSISTANT SECRETARY	KURT J. WOLFGRUBER	"
TREASURER AND ASSISTANT SECRETARY	ANNE M. MANCUSO	"
ASSISTANT SECRETARY AND ASSISTANT TREASURER	SUSAN E. FONTENO	"