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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 848974 (2)  
1. Corporation Name  
ITT EMPLOYMENT AND TRAINING SYSTEMS INC.

Principal Place of Business Mailing Address  
12335 MANCHESTER RD. SUITE 700-TAX DEPT. ST. LOUIS MO 63191  
13555-MANCHESTER RD. SUITE 700-TAX DEPT. ST. LOUIS MO 63191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 26. Mailing Address  
21 1330 AVENUE OF THE AMERICAS Suite, Apt. # etc. 26 1330 AVENUE OF THE AMERICAS Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 NEW YORK, NY 28 NEW YORK, NY  
24 Zip 25 Country 29 Zip 30 Country  
10019 U.S.A. 10019 U.S.A.

3. Date Incorporated or Qualifying 04/29/1981 3a. Date of Last Report 05/01/1994  
4. FEI Number 35-1476387 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 is not liable for intangible tax under C. 100, 100A, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.09(1) and 607.15(1) 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 607.09(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
CP NAME: SPEARING, JOHN R STREET ADDRESS: 1330 INVERNESS DR CITY, ST, ZIP: COLORADO SPRINGS CO		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AT NAME: J. P. WHITSON STREET ADDRESS: 1330 AVE OF THE AMERICAS CITY, ST, ZIP: NEW YORK NY		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
EV NAME: DUDA, MARK E STREET ADDRESS: 1330 INVERNESS DR CITY, ST, ZIP: COLORADO SPRINGS CO		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V NAME: LUNDY, D.F. STREET ADDRESS: 1330 AVE OF THE AMERICAS CITY, ST, ZIP: NEW YORK NY		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VSGC NAME: EISNER, WILLIAM STREET ADDRESS: ONE GATEWAY PLAZA 1330 INVERNESS DR CITY, ST, ZIP: COLORADO SPRINGS CO		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VC NAME: GRASSI, CIRO A STREET ADDRESS: ONE GATEWAY PLAZA, 1330 INVERNESS DR CITY, ST, ZIP: COLORADO SPRINGS CO		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and equally for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 11 or Block 13 of this report, or is associated with an addition.

SIGNATURE: *Richard W. Powers*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
RICHARD W. POWERS, ASSISTANT SECRETARY  
APRIL 21, 1995 (212) 258-1490