


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

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May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 850200 (7)</b> 1. Corporation Name <b>CORNING NICHOLS INSTITUTE, INC.</b>			
Principal Place of Business <b>33608 ORTEGA HIGHWAY</b> <b>SAN JUAN CAPISTRANO CA 92060</b> <b>US</b>		Mailing Address <b>ONE MALCOLM AVE</b> <b>TERERBOR NJ 07608-1011</b> <b>US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>08/31/1981</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>95-2701802</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		<b>10. Name and Address of New Registered Agent</b> 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 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 _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	<b>CFO</b> <input checked="" type="checkbox"/> DELETE	TITLE	<b>VPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATYSIK, MIKE</b>	1.2 NAME	<b>ROBERT A. CAROTHERS</b>
STREET ADDRESS	<b>33608 ORTEGA HWY</b>	1.3 STREET ADDRESS	<b>ONE MALCOLM AVE.</b>
CITY-ST-ZIP	<b>SAN JUAN CAPISTRANO CA</b>	1.4 CITY-ST-ZIP	<b>TERERBORO, NJ 07608</b>
TITLE	<b>PCEO</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>P. KENNETH FREEMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JILOT, DENNIS L</b>	2.2 NAME	<b>DAVID L. MACDONALD</b>
STREET ADDRESS	<b>33608 ORTEGA HWY</b>	2.3 STREET ADDRESS	<b>33608 ORTEGA HIGHWAY</b>
CITY-ST-ZIP	<b>SAN JUAN CAPISTRANO CA</b>	2.4 CITY-ST-ZIP	<b>SAN JUAN CAPISTRANO, CA 92060</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALZEN, JANET VON</b>	3.2 NAME	<b>DOUGLAS VAN DONT</b>
STREET ADDRESS	<b>33608 ORTEGA HIGHWAY</b>	3.3 STREET ADDRESS	<b>ONE MALCOLM AVE.</b>
CITY-ST-ZIP	<b>SAN JUAN CAPISTRANO CA</b>	3.4 CITY-ST-ZIP	<b>TERERBORO, NJ 07608</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, KENNETH</b>	4.2 NAME	<b>ALISTER REYNOLDS</b>
STREET ADDRESS	<b>ONE MALCOLM AVE</b>	4.3 STREET ADDRESS	<b>ONE MALCOLM AVE.</b>
CITY-ST-ZIP	<b>TERERBORO NJ</b>	4.4 CITY-ST-ZIP	<b>TERERBORO, NJ 07608</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NOURI, BILL</b>	5.2 NAME	<b>STEPHEN A. CALAMARI</b>
STREET ADDRESS	<b>3308 ORTEGA HWY</b>	5.3 STREET ADDRESS	<b>ONE MALCOLM AVE.</b>
CITY-ST-ZIP	<b>SAN JUAN CAPISTRANO CA</b>	5.4 CITY-ST-ZIP	<b>TERERBORO, NJ 07608</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>FARRENKOPF JR, LEO C</b>	6.2 NAME	
STREET ADDRESS	<b>ONE MALCOM AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TERERBORO NJ</b>	6.4 CITY-ST-ZIP	
14. I do 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.			
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

**SIGNATURE: \_\_\_\_\_**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
**LEO C. FARRENKOPF, JR. 4-22-97(20)393-5143**