

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850200 (7)  
1. Corporation Name  
CORNING NICHOLS INSTITUTE, INC.

Principal Place of Business 33808 ORTEGA HIGHWAY SAN JUAN CAPISTRANO CA 92060 US	Mailing Address ONE MALCOLM AVE TERERBOR NJ 07608 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/31/1981	4. FEI Number 95-2701802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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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	VPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDTHERS, ROBERT A		1.2 NAME	FINNBBAN, KENNETH			
STREET ADDRESS	ONE MALCOLM AVE		1.3 STREET ADDRESS	ONE MALCOLM AVE			
CITY-ST-ZIP	TETERBORO NJ		1.4 CITY-ST-ZIP	TETERBORO, NJ 07608			
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREEMAN, KENNETH		2.2 NAME				
STREET ADDRESS	83808 ORTEGA HWY		2.3 STREET ADDRESS	ONE MALCOLM AVE			
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA		2.4 CITY-ST-ZIP	TETERBORO, NJ 07608			
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN DORT, DOUGLAS		3.2 NAME				
STREET ADDRESS	ONE MALCOLM AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TETERBORO NJ		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYNOLDS, ALISTER		4.2 NAME				
STREET ADDRESS	ONE MALCOLM AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TETERBORO NJ		4.4 CITY-ST-ZIP				
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALAMARI, STEPHEN A		5.2 NAME				
STREET ADDRESS	ONE MALCOLM AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	TETERBORO NJ		5.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARRENKOPF JR, LEO C		6.2 NAME				
STREET ADDRESS	ONE MALCOM AVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	TETERBORO NJ		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)