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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90208 002 \*\*\*150.00

DOCUMENT	#	850200
4 On Constant Manage		

1. Corporation Name CORNING NICHOLS INSTITUTE, INC.

Principal Plac	e of Business	Mailing Address					
33608 ORTEGA	HIGHWAY	ONE MALCOLM AVE					
	PISTRAND CA 92960	TERERBOR NJ 07608				<b></b>	
US		US			DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed		
i					08/31/1981		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			95-2701802	Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Rec	quired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 ١	May Re
<del></del>		28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	<del>,</del>	8. This corporation owes the current year I	ntangible	
	r— ,	├ <b>┐</b> ` ┌	30		Personal Property Tax.		□No
24	9. Name and Address of Curre	_ <del></del>	30		10. Name and Address of New Registere		
	9. Name and Address of Curre	nt Registerea Agent	81	Name	10. Harrie Brid Address of fred flogicies	<u> </u>	
COE	RPORATION SERVICE COMPANY	1	'	I Tallio			
	1 HAYS STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
				ļ			
IALI	LAHASSEE FL 32301		83				
			84	City		. 85 Zip C	ode.
ĺ			04	City	F	L	,000
11 Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida Statute	s, the abov	e-named co	orporation submits this statement for the purpose	of changing its	registered
ffice or	registered agent, or both, in the State	e of Florida. Such change was au	thorized by	the corpor	ration's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes	š.			
SIGNATURE					DATE		
	Signature, typed or printed name of registered age			nt signature req	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	PS IN 12
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	VPT	☐ DELETE	1.1 TITLE	ĺ		change	C3 radiao
NAME	FINNEGAN, KENNETH		12 NAME				
STREET ADDRESS	ONE MALCOLM AVE	•	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TETERBORO NJ 07608		1.4 CITY-9	T-ZIP			
TITLE	P	☐ DELETE	2.1 TITLE			Change	Addition
NAME	FREEMAN, KENNETH		2.2 NAME	ľ			
STREET ADORESS	CASE MAN COLAN ASSE		23 STREE	T ADDRESS			
	TETERBORO NJ 07608		2.4 CITY-	1			
CITY-ST-ZIP	VPD	→ M DELETE	3.1 TITLE		VP	Change -	Addition
TITLE	1	M DELETE		1.9	* *		
NAME	VAN DORT, DOUGLAS		3.2 NAME		HAGEMANN, ROBERT ONE MALCOLM AUG.		
STREET ADDRESS			3.3 STREE	TADDRESS	ONE PIRICOLM HUG.		
	TETERBORO NJ		3.4. CITY-	ST-ZIP	TETENBONO, NT 07608		
CITY-ST-ZIP	D	☐ DELETE	4.1 TITLE			Change	
CITY-ST-ZIP TITLE	1						Addition
<del></del>	REYNOLDS, ALISTER		4, 2 NAME				Addition
TITLE NAME	REYNOLDS, ALISTER ONE MALCOLM AVE			Į.			Addition
TITLE NAME STREET ADDRESS	ONE MALCOLM AVE		4.3 STREE	T ADDRESS			☐ Addition
TITLE		□ OELETE		T ADDRESS		☐ Change	Addition

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, with all other like empowered.

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

CALAMARI, STEPHEN A

FARRENKOPF JR. LEO C ONE MALCOM AVE

ONE MALCOLM AVE

TETERBORO NJ

TERERBORO NJ

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Addition

☐ Change

CR2E034 (11/98)

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