

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 12 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F000000052B2

1. Entity Name

The Training Institute, Inc.

DO NOT WRITE IN THIS SPACE

300007116943--4

-08/14/02--01080--014

****158.75 ****158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15350 SHERMAN WAY

3. Mailing Address
15350 SHERMAN WAY

Suite, Apt. #, etc.
SUITE 150

Suite, Apt. #, etc.
SUITE 150

City & State
VAN NUYS, CA

City & State
VAN NUYS, CA

4. FEI Number 95-4102879

Applied For
Not Applicable

Zip 91406 Country USA

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5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City Plantation

FL

Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Connie Bryan*

Connie Bryan, Special Asst. Secy.

8-12-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: C/D
NAME: CHARLES BARRANCO
STREET ADDRESS: 15350 SHERMAN WAY, STE. 150
CITY-ST-ZIP: VAN NUYS, CA 91406

TITLE: P/P
NAME: KAREN RAMAGE
STREET ADDRESS: 15350 SHERMAN WAY, STE. 150
CITY-ST-ZIP: VAN NUYS, CA 91406

TITLE: V/D
NAME: ROBERT POTT
STREET ADDRESS: 15350 SHERMAN WAY, STE. 150
CITY-ST-ZIP: VAN NUYS, CA 91406

TITLE: T/D
NAME: RICHARD TRIPALDI
STREET ADDRESS: 15350 SHERMAN WAY, STE. 150
CITY-ST-ZIP: VAN NUYS, CA 91406

TITLE: D
NAME: KIM DENKE WALTER
STREET ADDRESS: 5215 OLD ORCHARD RD., #1010
CITY-ST-ZIP: SKOKIE, IL 60077

TITLE: D
NAME: SAM SCOTT
STREET ADDRESS: 5640 WEST LAKE STREET
CITY-ST-ZIP: CHICAGO, IL 60644

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or in an attachment with an address with all other like empowered.

SIGNATURE: *K. Ramage*

KAREN RAMAGE, PRESIDENT 8/8/02 267-3200 (818)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Office

CR2E034B (12/01)

8/12/02