

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 07, 2004
Secretary of State**

DOCUMENT# F00000005282

Entity Name: THE TRAINING INSTITUTE, INC.

Current Principal Place of Business:

15350 SHERMAN WAY BLVD.
SUITE 150
VAN NUYS, CA 914064203

New Principal Place of Business:

Current Mailing Address:

15350 SHERMAN WAY BLVD.
SUITE 150
VAN NUYS, CA 914064203

New Mailing Address:

FEI Number: 95-4102879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMAGE, KAREN
Address: 15350 SHERMAN WAY BLVD.
City-St-Zip: VAN NUYS, CA 914064203

Title: VD () Delete
Name: POTT, ROBERT
Address: 15350 SHERMAN WAY BLVD.
City-St-Zip: VAN NUYS, CA 914064203

Title: CD () Delete
Name: BARRANCO, CHARLES
Address: 15350 SHERMAN WAY BLVD.
City-St-Zip: VAN NUYS, CA 914064203

Title: TD () Delete
Name: TRIPALDI, RICHARD
Address: 15350 SHERMAN WAY BLVD.
City-St-Zip: VAN NUYS, CA 914064203

Title: D () Delete
Name: DENKE WALTER, KIM
Address: 521 S OLD ORCHARD RD #1010
City-St-Zip: SKOKIE, IL 60077

Title: D () Delete
Name: SCOTT, SAM
Address: 5640 WEST LAKE STREET
City-St-Zip: CHICAGO, IL 60644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMAGE, KAREN
Address: 15350 SHERMAN WAY BLVD.
City-St-Zip: VAN NUYS, CA 914064203

Title: V (X) Change () Addition
Name: POTT, ROBERT
Address: 15350 SHERMAN WAY BLVD.
City-St-Zip: VAN NUYS, CA 914064203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. POTT

V

10/07/2004

Electronic Signature of Signing Officer or Director

_____ Date