## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # F0400002722  1. Entity Name UNIVERSITY OF SCRANTON, INC.  Principal Place of Business  800 LINDEN STREET OFFICE OF THE TREASURER SCRANTON, PA 18510  2. Principal Place of Business  3. Mailing Address  3. Mailing Address |   |  |   |   | 2006 OCT           | 13 F         | -               | 5 <b>0</b>              |
|--|---|--|---|---|--------------------|--------------|-----------------|-------------------------|
|  |   |  |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA |                    |              |                 |                         |
|  |   |  |   |   |                    |              |                 |                         |
| Suite, Apt. #. org.<br>Jeneral Coursel's Office  | General   | Counsel                                      | 's Office                               | 10092006 RE                             | IN-NP C            | R2E099       | (11/05)         |                         |
| City & State   | City & State  | ······································       |   | 4. FEI Number<br>24-079549              | <br>95             |              | <u> </u>        | olied For<br>Applicable |
| Zip Country  | Zip   | Cou  | untry                                   | 5. Certificate of St                    | •                  |              | 3.75 Addi       | tional                  |
| 6. Name and Address of Current   | Registered Agent                                    |  | <u>.</u>                                | 7. Name and Add                         | ress of New Regi   |              | <u>`</u>        |                         |
| BISK EDUCATION, INC.<br>1417 PRINCESS PALM AVENUE<br>FAMPA, FL. 33619-8313   |   |  | Name Street Address                     | P.O. Box Number is I                    | Not Acceptable)    |              |                 |                         |
|  |   | Ci   |   |   |                    | FL           | Zip Code        | <del></del>             |
| SIGNATURE Signature, typed of private name at registered agen  | · ·   | (NOTE: Register                              | red Agent algnature requi               | red when reinstating)                   |                    | DATE         |                 |                         |
| FILE NOWI!! FEE IS \$61.25 In accordan corporation   |   |  | s. 607.193(2)(b)<br>t receive the prior | , F.S., the<br>r notice.                |                    | Departm      |                 |                         |
| NO. OFFICERS AND D   | <del></del>   | e TITL                                       | <del></del>                             | ADDITIONS/CHANG                         | ES TO OFFICERS     |              | CTORS IN Change | 10 Addition             |
| PILARZ, SCOTT R S.J.  STREET ADDRESS  STY-ST-ZIP  SCRANTON, PA 18510   | □ Delet   | NAA<br>STR                                   |   |   | 0080£<br>0501034-  | :253         |                 | .25                     |
| TITLE VT CHRISTIANSEN, DAVID E STREET ADDRESS ATY-ST-ZP FOREST CITY, PA 18421  | ☐ Delet   | NAA<br>STR                                   |   |   |                    | Ë            | ] Change        | Addition                |
| BYMAN, ABIGAIL STREET ADDRESS STY-ST-ZIP MOSCOW, PA 18444  | □ Delet   | NAA<br>STR                                   | I                                       |   |                    |              | ] Change        | Addition                |
| TITLE  NAME STREET ADDRESS  2TY-ST-ZIP   | ☐ Delet   | NAA<br>STR                                   |   |   |                    | C            | ] Change        | Addition                |
| ITILE  MANE  STREET ADDRESS  CITY-ST-ZIP   | ☐ Delet   | NAA<br>Str                                   | į                                       |   |                    | C            | ] Change        | Addition                |
| TITLE VANE   | ☐ Delet   | NAA<br>STR                                   | 1                                       |   |                    |              | ) Change        | Addition                |
| STREET ADDRESS<br>City-St-zip  |   |  |   |   |                    |              | that the i      | -f                      |
| 12. I hereby certify that the information supplied we indicated on this report or supplemental report of the corporation or the receiver or trustee empth changed, or on an attachment with an address.  SIGNATURE:                    | is true and accurate and<br>powered to execute this | d that my signa<br>report as requ<br>owered. | iture shall have the                    | same legal effect as                    | if made under oath | r; that I am | an officer      | or director             |