## 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** 

Mailing Address

ATTN E M TUCK

NEW YORK NY 10270

2a. Mailing Address

70 PINE ST.

## DOCUMENT # F9200000174

AIU NORTH AMERICA, INC.

Principal Place of Business

2. Principal Place of Business

PINE STREET

TITLE

STREET ADDRESS

CITY-ST-ZIP

NEW YORK NY 10005

7		26			13-2989593	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
2 27 City & State City & State					6 Election Compaign Financing		<del>-`</del>	
3				6. Election Campaign Financing  Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year			
4	25 29 3				Personal Property Tax.	Yes	□No	
<u>-</u>	9. Name and Address of Current	<del></del>			10. Name and Address of New Register	ed Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST.				Name			]	
				82 Street Address (P.O. Box Number is Not Acceptable)				
				62) Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105								
TALLAHASSEE FL 32301			<u> </u>	84 City (85) Zip Co				
-			84	City	F	EL  85  Zip (	Loge	
11. Pursuar	t to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named cor	moration submits this statement for the purpose	of changing its	registered	
office or	registered agent, or both, in the State of	Florida. Such change was aut	horized by	the corporal	tion's board of directors. I hereby accept the ap	pointment as re	gistered	
agent. I	am familiar with, and accept the obligation	ins or, Section 607.0005, Florid	ia Siziules	•				
SIGNATUR	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: R	egistered Ager	t signature requi	red when reinstating DATE			
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	DEFINI, SALVATORE		1.2 NAME	{				
STREET ADDRES			1.3 STREET	ADDRESS			:	
CITY-ST-ZIP	NEW YORK NY.		1.4 CITY-S	r-ZIP				
TITLE	V	DELETE	2.1 TITLE		VP	Change	Addition	
NAME	WALSH, DAVID J		2.2 NAME		abel Herritt W.		-	
STREET ADDRES	1		2.3 STREET	ADDRESS 7	Fabel, Herritt W. D. Pine Street			
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-S	T-ZIP	Sew YORK, NY 1027	7)	,	
TITLE	S	☐ DELETE 3				Change	☐ Addition	
NAME	TUCK, ELIZABETH M		3.2 NAME					
STREET ADDRES			3.3 STREET	ADORESS	•			
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-S	T-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	GREENBERG, EVAN G.		4. 2 NAME	-				
STREET ADDRES			4.3 STREET	ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-S	r-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	GREENBERG, M R	_	5.2 NAME	)				
STREET ADDRES			5.3 STREET	ADDRESS				
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-S	r-ZIP				
111-21-AL				1				

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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

20. SVENIATURED SOURED SIGNATURE:

TIZZIO, THOMAS R

70 PINE STREET

**NEW YORK NY** 

4/29/99

☐ Change

☐ Addition

**FILED** 

May 01, 1999 8:00 am Secretary of State

Applied For

05-01-1999 90077 003 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/10/1992

4. FEI Number