· 2	004 FOR PROFIT	CORPORATIO	N					
	MENT # F920000001		FILED					
1. Entity Nam AIU NOR	θ TH AMERICA, INC.	·~~ ,		04 APR 29 AH 9 18				
Principal Place of Business		Mailing Address			SECRETAT TALLAHAS	NELT STATE State (Constant)		
80 PINE STR New York, N		70 PINE ST. Attn e m tuck New York, ny 10270 us				II EDIN DOMI ODIDI IIDII TODII DIRADA IA IDDA		
-			се	04262004	No Chg-P	CR2E034 (10/03)		
Ľ			U E	4. FEI Numbe 13-298		Applied For Not Applicable		
		· · · · · · · · · · · · · · · · · · ·	·····	5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current R		-	D 0				
1201 HAY	S ST.	TOTEIN, INC.		DO NOT WRITE				
	SSEE, FL 32301	IN THIS SPACE						
 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. I am familiar with, and accept the obligations of registered agent. 								
SIGNATURE_	Signature, typed or printed name of registered agent an	d when reinstating)		DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees				
10. TITLE	OFFICERS AND D	IRECTORS	-					
NAME Street address	KNIGHT, GORDON 175 WATER STREET							
CITY-ST-ZIP Title	NEW YORK, NY 10038 AVP		-					
NAME Street address	FABEL, MERRITT W 70 PINE STREET							
CITY-ST-ZIP TITLE	NEW YORK, NY 10270 S		-					
Name Street Address	TUCK, ELIZABETH M 70 PINE STREET	DO NOT WRITE						
CITY-ST-ZIP TITLE	NEW YORK, NY V		-					
NAME Street address	WAITKUS, MICHAEL 175 WATER STREET							
CITY-ST-ZIP TITLE	NEW YORK, NY 10038 D	<u> </u>	÷					
NAME Street Address	SULLIVAN, MARTIN J 70 PINE STREET							
CITY-ST-ZIP TITLE	NEW YORK, NY D		-1					
NAME STREET ADDRESS	TIZZIO, THOMAS R 175 WATER STREET							
CITY-ST-ZIP 12. I hereby	NEW YORK, NY 10038 certify that the information supplied with t	this filing does not qualify for the ex	emption stated in S	ection 119.07(3)	(i), Florida Statutes.	I further certify that the information		
indicated	I on this report or supplemental report is I rporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that my sign	ature shall have the	same lenal etter	t as it made under	oath: that I am an otticer of director		
SIGNAT	TUBE Orall	in M. Tula	9709	Ц	-26-01	· (212)770-7000		
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRE	LTOH		Date	Daytime Phone #		

ČSC.					
DRATION SERVICE COMPANY.	~.				
	ACCOUNT NO.	:	0721000	00032	
	REFERENCE	:	598287	4320	171
	AUTHORIZATION	:	Pt	in Rive	£
	COST LIMIT	:	\$ 150.0		
ORDER TIME :					
ORDER NO. :	598287-080				
CUSTOMER NO:	4320171				
Ame 30t - (rnadette Colon erican Internatio th Floor, 70 Pine Corporate w York, NY 10270	St			
	ANNUAL REPORT		LING		

NAME: AIU NORTH AMERICA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS:

DIVISION OF CONFORATION

04 APR 29 FN 1: 12

RECEIVED