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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F94000001312 (7)

1. Corporation Name

JURAN INSTITUTE, INC.

Principal Place of Business

Mailing Address

**11 RIVER ROAD
WILTON CT 06897**

**11 RIVER ROAD
WILTON CT 06897**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FBI Number

Applied For

13-2982872

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COBO
NAME	GODFREY, A B
STREET ADDRESS	11 RIVER ROAD
CITY - ST - ZIP	WILTON CT 06897
TITLE	PD
NAME	BLACKISTON, G H
STREET ADDRESS	11 RIVER ROAD
CITY - ST - ZIP	WILTON CT 06897
TITLE	D
NAME	JURAN, JOSEPH M
STREET ADDRESS	11 RIVER ROAD
CITY - ST - ZIP	WILTON CT 06897
TITLE	D
NAME	JURAN, CHARLES E
STREET ADDRESS	HC-30, BOX 1240
CITY - ST - ZIP	PRESCOTT AZ 86301
TITLE	D
NAME	BERWICK, DONALD M
STREET ADDRESS	1 EXETER PLAZA
CITY - ST - ZIP	BOSTON MA 02116
TITLE	D
NAME	BEHRENDT, PETER D
STREET ADDRESS	1685 38TH STREET
CITY - ST - ZIP	BOULDER CO 80301

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Northam, Secretary April 10, 1995 (203) 761-1601