FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F94000001312 (7)

1. Corporation Name

JURAN INSTITUTE, INC.

Principal Place of Business

11 RIVER ROAD
WILTON CT 06897

Mailing Address

11 RIVER ROAD
WILTON CT 06897

3. Date Incorporated or Qualified: 03/15/1994

3a. Date of Last Report: 04/17/1995

4. FEI Number: 13-2982872 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _______ DATE _______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COBD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GODFREY, A B		1.2 NAME		
STREET ADDRESS	11 RIVER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT 06897		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLACKISTON, G H		2.2 NAME		
STREET ADDRESS	11 RIVER ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT 06897		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JURAN, JOSEPH M		3.2 NAME		
STREET ADDRESS	11 RIVER ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT 06897		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JURAN, CHARLES E		4.2 NAME		
STREET ADDRESS	HC-30, BOX 1240		4.3 STREET ADDRESS		
CITY-ST-ZIP	PRESCOTT AZ 86301		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		XX Change ☐ Addition
NAME	BERWICK, DONALD M		5.2 NAME		
STREET ADDRESS	1 EXETER PLAZA		5.3 STREET ADDRESS	135 Francis Street	
CITY-ST-ZIP	BOSTON MA 02116		5.4 CITY-ST-ZIP	Boston, MA 02215	
TITLE	D	XX DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME	BEHRENDT, PETER D		6.2 NAME	Laura E. Halloran	
STREET ADDRESS	1685 38TH STREET		6.3 STREET ADDRESS	11 River Road	
CITY-ST-ZIP	BOULDER CO 80301		6.4 CITY-ST-ZIP	Wilton, CT 06897	

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 119.07(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] Secretary February 9, 1996 203 761-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert E. Wilson

CR2E034 (12/95)