

F95000003152

Document Number Only

C T CORPORATION SYSTEM			
Requestor's Name			
660 East Jefferson Street			
Address			
Tallahassee, Florida 32301			
City	State	Zip	Phone
			904-222-1092
CORPORATION(S) NAME			

500001527135
-06/29/95--01046--021
*****70.00 *****70.00

West Professional Training Programs, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of R.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> CUS/ G/S	<input type="checkbox"/> Certified Copy
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

6/29/95
3 00

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6/29

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 29 PM 1:25

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. West Professional Training Programs, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Minnesota

(State or country under the law of which it is incorporated)

3. 41-1800270

(FEI number, if applicable)

4. January 20, 1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.))

7. 620 Opperman Drive, Eagan, Minnesota 55123

(Current mailing address)

8. See attached purpose clause

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of
Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine
Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

Susan J. Wanner

(Registered agent's signature) (Officer)

Susan J. Wanner - Asst. Sec

(Type Name and Title of Officer)

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DIVISION OF CORPORATIONS
95 JUN 29 PM 1:25

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stanley Chenn

Address: 330 East 75th Street, #33B

New York, New York 10021

Vice Chairman: _____

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Grant E. Nelson, Secretary

(Typed or printed name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
West Professional Training Programs, Inc.**

The purpose of this corporation is to provide professional education or educational training which may be utilized as study for professional or public examinations. This business may include the distribution or sales of materials relevant to the studied topics and any other lawful act or activity for which corporations may be organized to do business under the laws of Florida.

**Directors of
West Professional Training Programs, Inc.**

1. Stanley Chess
330 East 75th Street, #33B
New York, New York 10021
2. Steven Levino
3201 New Mexico Ave., Ste. 350
Washington, D.C. 20016
3. Grant E. Nelson
620 Opperman Drive
Eagan, Minnesota 55123
4. Dwight D. Opperman
620 Opperman Drive
Eagan, Minnesota 55123
5. Vance K. Opperman
620 Opperman Drive
Eagan, Minnesota 55123

**Officers of
West Professional Training Programs, Inc.**

1. Stanley Chess, Chief Executive Officer
330 East 75th Street, #33B
New York, New York 10021
2. Steven Levine, President
3201 New Mexico Ave., Ste. 350
Washington, D.C. 20016
3. Grant E. Nelson, VP, CFO & Secretary
620 Opperman Drive
Eagan, Minnesota 55123

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

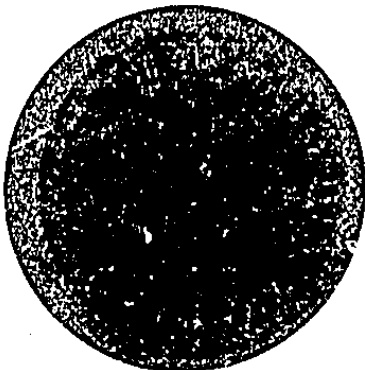
I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: West Professional Training Programs, Inc.

Date Formed: 01/20/1995

Chapter Governed By: 302A

This certificate has been issued on 06/28/95.



Joan Anderson Grove
Secretary of State.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 PM 1:25

1200 HAYS STREET
TALLAHASSEE, FL 32301-2607
904 222 0070
222 0001 FAX

800-342-8086

CSC networks
PROFESSIONAL
LEGAL & FINANCIAL SERVICES

F95000003152

ACCOUNT NO. 072100000037100

REFERENCE : 075573 4363867

AUTHORIZATION *Patricia Payne*

COST LIMIT : \$ 35.00

ORDER DATE : September 5, 1996

ORDER TIME : 9:37 AM

ORDER NO. : 075573

CUSTOMER NO: 4363867

000001942180

CUSTOMER: Alison L. Palmer, Legal Asst
The Thomson Corporation
4th Floor
One Station Place
Stamford, CT 06902

CHANGE OF AGENT

NAME: WEST PROFESSIONAL TRAINING
PROGRAMS, INC.

FILED
96 SEP -9 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Danny G. Smith

a/a
[Signature]

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of MINNESOTA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: WEST PROFESSIONAL TRAINING PROGRAMS, INC.

1b. Date of Incorporation / 6/29/95 / Document number F95000003152
qualification

2. The name and address of the current registered agent and office:

C T CORPORATION SYSTEM 1200 SO. PINE ISLAND DRIVE

PLANTATION

FL

3332

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

The Prentice-Hall Corporation System, Inc.

1201 Hays Street

Tallahassee, Florida 32301

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board.

MICHAEL S. HARRIS
VICE PRESIDENT

Typed or printed name and title

SIGNATURE

9/3/96

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

The Prentice-Hall Corporation System, Inc.
VICKI SCHREIBER

SIGNATURE By:

Vicki Schreiber

(Registered Agent) ASST VICE PRESIDENT

DATE

9/6/96

CONTACT:

OFFICE USE ONLY (Document #)

F95000003152

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

526 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

565940

9000000071319--S

01/28/97-01/16/97-010

OFFICE USE ONLY ****87.50 ****87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1 West Professional Training Programs, Inc.
(Corporation Name) (Document #)

2 _____
(Corporation Name) (Document #)

3 _____
(Corporation Name) (Document #)

4 _____
(Corporation Name) (Document #)

☒ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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97 JAN 28 PM 3:27
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TALLAHASSEE, FLORIDA
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56 JAN 28 PM 12:19
TALLAHASSEE, FLORIDA

HOLD FOR
PICKUP BY
UCC SERVICES

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

WEST PROFESSIONAL TRAINING PROGRAMS, INC.
(Name of Corporation)

Minnesota
(Incorporated Under Laws Of)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

One Station Place
(Mailing Address)

Stamford, Connecticut 06902
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 Vice President
Signature Title

Michael S. Harris January 14, 1997
Typed or printed name Date