

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

97 AUG -4 AM 8:55

1

**DOCUMENT # F96000004222 (3)**  
 1. Corporation Name  
**CORINTHIAN COLLEGES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business 1932 E. DEERE AVE., #210 SANTA ANA CA 92705	Mailing Address 1932 E. DEERE AVE., #210 SANTA ANA CA 92705
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6 HUTTON CTR DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE 400</b> City & State 23 <b>SANTA ANA CA</b> Zip 24 <b>92707-5764</b>	2a. Mailing Address 26 <b>6 HUTTON CTR DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE 400</b> City & State 28 <b>SANTA ANA CA</b> Zip 29 <b>92707-5764</b>	3. Date Incorporated or Qualified <b>08/19/1996</b>	3a. Date of Last Report <b>1st Report</b>	4. FEI Number <b>33-0717312</b>	Applied For <input type="checkbox"/> Not Applicable
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/>	Additional Fee Required <b>\$8.75</b>		
9. Name and Address of Current Registered Agent <b>NATIONSCORP REGISTERSERVICES, INC.</b> <b>526 EAST PARK AVE.</b> <b>STE. 200</b> <b>TALLAHASSEE FL 32302</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>800002261868-2</b> <b>-08/08/97--01093--014</b> 84 City <b>***165.00 FL ***165.00</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, DAVID G</b>	1.2 NAME	
STREET ADDRESS	<b>1932 E. DEERE AVE., #210</b>	1.3 STREET ADDRESS	<b>6 HUTTON CTR DR #400</b>
CITY-ST-ZIP	<b>SANTA ANA CA 92705</b>	1.4 CITY-ST-ZIP	<b>SANTA ANA CA 92707-5764</b>
TITLE	<b>VSD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST PIERRE, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>1932 E. DEERE AVE., #210</b>	2.3 STREET ADDRESS	<b>6 HUTTON CTR DR #400</b>
CITY-ST-ZIP	<b>SANTA ANA CA 92705</b>	2.4 CITY-ST-ZIP	<b>SANTA ANA CA 92707-5764</b>
TITLE	<b>VT</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCORD, FRANK J</b>	3.2 NAME	
STREET ADDRESS	<b>1932 E. DEERE AVE., #210</b>	3.3 STREET ADDRESS	<b>6 HUTTON CTR DR #400</b>
CITY-ST-ZIP	<b>SANTA ANA CA 92705</b>	3.4 CITY-ST-ZIP	<b>SANTA ANA CA 92707-5764</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, LOYAL W</b>	4.2 NAME	
STREET ADDRESS	<b>1375 E. 9TH ST., #2700</b>	4.3 STREET ADDRESS	<b>6 HUTTON CTR DR #400</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114</b>	4.4 CITY-ST-ZIP	<b>SANTA ANA CA 92707-5764</b>
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGINTY, KEVIN J</b>	5.2 NAME	
STREET ADDRESS	<b>1375 E. 9TH ST., #2700</b>	5.3 STREET ADDRESS	<b>6 HUTTON CTR DR #400</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114</b>	5.4 CITY-ST-ZIP	<b>SANTA ANA CA 92707-5764</b>
TITLE	<b>VS</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVEREUX, DENNIS</b>	6.2 NAME	
STREET ADDRESS	<b>1932 E. DEERE AVE., #210</b>	6.3 STREET ADDRESS	<b>6 HUTTON CTR DR #400</b>
CITY-ST-ZIP	<b>SANTA ANA CA 92705</b>	6.4 CITY-ST-ZIP	<b>SANTA ANA CA 92707-5764</b>

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **8-1-97**

CR2E034 (4/97)

CCi

(2)

State of Florida  
Div. of Corporations  
Annual Report Dept  
P. O. Box 6327  
Tallahassee, Fl. 32314

Aug 1, 1997

Dear Sirs

Re: 1997 Corp. annual report #f96000004222 (3)

We received the Corp. annual report after the deadline for timely filing without a penalty. Per your telephone helpline at (904) 488-9000 the perosnnel instructed us to forward this letter and our form plus check to the above address with this letter of explanation. Any questions please call us at 714-427-3000 x227.

Yours truly



Stephen Humphreys  
Tax manager

CORINTHIAN COLLEGES, INC.

6 Hutton Centre Drive, Suite 400 • Santa Ana, CA 92707-5764 • (714) 427-3000 • FAX (714) 427-5111