

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004222

1. Entity Name
CORINTHIAN COLLEGES, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90018 004 ***550.00

Principal Place of Business
6 HUTTON CTR DRIVE, SUITE 400
SANTA ANA CA 92707-5764

Mailing Address
6 HUTTON CTR DRIVE, SUITE 400
SANTA ANA CA 92707-5764

A0071744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0717312

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig

EXEC VICE-PRESIDENT
DENNIS BEAL
6 HUTTON CENTER DR. #400
SANTA ANA, CA. 92707-5764

ADDITION X

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$55
After SEPTEMBER 13, 2000 Min. w
Make Check Payable to Department

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORE, DAVID G
STREET ADDRESS 6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP SANTA ANA CA 92707-5764 ☐ Delete

TITLE ~~VP~~ *VP*
NAME ST PIERRE, PAUL
STREET ADDRESS 6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP SANTA ANA CA 92707-5764 ☐ Delete

TITLE VT
NAME MCCORD, FRANK J
STREET ADDRESS 6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP SANTA ANA CA 92707-5764 ☒ Delete

TITLE D
NAME WILSON, LOYAL W
STREET ADDRESS 6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP SANTA ANA CA 92707-5764 ☐ Delete

TITLE VS
NAME DEVEREUX, DENNIS
STREET ADDRESS 6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP SANTA ANA CA 92707-5764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

TITLE VICE-PRESIDENT
NAME STAN MORTENSEN
STREET ADDRESS 6 HUTTON CENTER DR #400
CITY-ST-ZIP SANTA ANA, CA. 92707-5764

TITLE VICE-PRESIDENT
NAME NOLAN MIURA
STREET ADDRESS 6 HUTTON CENTER DR # 400
CITY-ST-ZIP SANTA ANA, CA. 92707-5764

TITLE VICE-PRESIDENT
NAME MARY BERRY
STREET ADDRESS 6 HUTTON CENTER DR #400
CITY-ST-ZIP SANTA ANA, CA. 92707-5764

TITLE VICE-PRESIDENT
NAME BETH WILSON
STREET ADDRESS 6 HUTTON CENTER DR. #400
CITY-ST-ZIP SANTA ANA, CA. 92707-5764

RECTORS IN 11
Change ☒ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date Daytime Phone #

CR2E034 (5/00)