

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004373 (4)

1. Corporation Name

WILMINGTON COLLEGE, INC.

Principal Place of Business

320 DUPONT HWY
NEW CASTLE DE 19720

Mailing Address

320 DUPONT HWY
NEW CASTLE DE 19720

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

51-0107088

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

SNYDER, ARTHUR
1790 SW 2ND AVE
BOCA RATON FL 33432

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 617.0502 and 617.1508, 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 617.0503, 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 C
NAME DUPONT, IRENEE JR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 197201.1 TITLE C/Tn
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VC
NAME WINGATE, PHILLIP J DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 197202.1 TITLE VC/Tn
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T
NAME PRATT, BURT C DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 197203.1 TITLE T/Tn
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S
NAME WILSON, WOODROW DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 197204.1 TITLE S/Tn
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE P
NAME DOBERSTEIN, AUDREY K
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 197205.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE V
NAME VARSALONA, JACK P DR
STREET ADDRESS 320 DUPONT HWY
CITY-ST-ZIP NEW CASTLE DE 197206.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of Jack P. Varsalona, Secretary of State, dated Jan 22, 1997 (302) 328-9401

CR2E037 (9/96)