

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000001366 (0)

1. Corporation Name

INSTITUTE FOR ACADEMIC EXCELLENCE, INC.

Principal Place of Business

455 SCIENCE DR.  
MADISON WI 53744-5016

Mailing Address

PO BOX 45016  
MADISON WI 53744-5016

FILED  
Apr 30 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

~~39-1774884~~ 39-1774844

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MIRKIN, BARRY B  
STREET ADDRESS 455 SCIENCE DR.  
CITY-ST-ZIP MADISON WI 53744-5016 ☒ DELETE

TITLE VD  
NAME PEEK, DONALD C  
STREET ADDRESS 455 SCIENCE DR.  
CITY-ST-ZIP MADISON WI 53744-5016 ☐ DELETE

TITLE SD  
NAME BAUM, MICHAEL H  
STREET ADDRESS 455 SCIENCE DR.  
CITY-ST-ZIP MADISON WI 53744-5016 ☐ DELETE

TITLE YD  
NAME PAUL, JUDITH A  
STREET ADDRESS 455 SCIENCE DR.  
CITY-ST-ZIP MADISON WI 53744-5016 ☐ DELETE

TITLE DCEO  
NAME PAUL, TERRANCE D  
STREET ADDRESS 455 SCIENCE DR.  
CITY-ST-ZIP MADISON WI 53744-5016 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Stuart J. Udell  
1.3 STREET ADDRESS 16 Cornucopia Court  
1.4 CITY-ST-ZIP Madison, WI 53719 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME 449 Rusk Street  
2.3 STREET ADDRESS Pittsburg, TX 75686  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE DCEO  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE DC  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE S  
6.2 NAME Tim Sherlock  
6.3 STREET ADDRESS 455 Science Drive  
6.4 CITY-ST-ZIP Madison, WI 53744-5016 ☐ Change ☒ Addition

14. 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 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

*Stuart J. Udell*

2/26/98

CR2E034 (10/97)