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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000001366**

1. Corporation Name

INSTITUTE FOR ACADEMIC EXCELLENCE, INC.

Principal Place of Business	Mailing Address
455 SCIENCE DR. MADISON WI 53744-5016	PO BOX 45016 MADISON WI 53744-5016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/17/1997**

4. FEI Number: **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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 **901 Deming Way**	26
Suite, Apt. #, etc. 22 **Suite 101**	27 Suite, Apt. #, etc.
City & State 23 **Madison, WI**	28 City & State
Zip / Country 24 **53717** 25 **USA**	29 Zip 30 Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required above.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] DELETE	11 TITLE
NAME	UDELL, STUART J		12 NAME
STREET ADDRESS	16 CONNUCOPIA COURT		13 STREET ADDRESS
CITY-ST-ZIP	MADISON WI 53719		14 CITY-ST-ZIP
TITLE	VD	[ ] DELETE	21 TITLE
NAME	PEEK, DONALD C		22 NAME
STREET ADDRESS	449 UUSK STREET		23 STREET ADDRESS
CITY-ST-ZIP	PITTSBURG TX 75686		24 CITY-ST-ZIP
TITLE	DCEO	[ ] DELETE	31 TITLE
NAME	BAUM, MICHAEL H		32 NAME
STREET ADDRESS	455 SCIENCE DR.		33 STREET ADDRESS
CITY-ST-ZIP	MADISON WI 53744-5016		34 CITY-ST-ZIP
TITLE	TD	[ ] DELETE	41 TITLE
NAME	PAUL, JUDITH A		42 NAME
STREET ADDRESS	455 SCIENCE DR.		43 STREET ADDRESS
CITY-ST-ZIP	MADISON WI 53744-5016		44 CITY-ST-ZIP
TITLE	DC	[ ] DELETE	51 TITLE
NAME	PAUL, TERRANCE D		52 NAME
STREET ADDRESS	455 SCIENCE DR.		53 STREET ADDRESS
CITY-ST-ZIP	MADISON WI 53744-5016		54 CITY-ST-ZIP
TITLE	S	[ ] DELETE	61 TITLE
NAME	SHERLOCK, TIM		62 NAME
STREET ADDRESS	455 SCIENCE DRIVE		63 STREET ADDRESS
CITY-ST-ZIP	MADISON WI 53744-5016		64 CITY-ST-ZIP

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-02/09/99--01046--028
****150.00 ****150.00

[X] Change [ ] Addition

449 Rusk St.

[X] Change [ ] Addition

7301 Whitacre Road
Madison, WI 53717

[X] Change [ ] Addition

5852 Thorstrand Road
Madison, WI 53705

[X] Change [ ] Addition

5852 Thorstrand Road
Madison, WI 53705

[X] Change [ ] Addition

1/27/99

3321 Deer Road
Wisconsin Rapids, WI 54494

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Stuart Udell 1/27/99 608-231-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #