

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

0550429

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

2. Principal Place of Business

2a. Mailing Address

21 901 Deming Way

26 Suite, Apt. #, etc

22 Suite 101

27 Suite, Apt. #, etc

23 Madison, WI

28 City & State

24 53717

29 Zip

25 USA

30 Country

9. Name and Address of Current Registered Agent

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

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 is not to be typed)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [] 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 [] DELETE

21 TITLE

NAME VD

22 NAME

STREET ADDRESS 449 UUSK STREET

23 STREET ADDRESS

CITY-ST-ZIP PITTSBURG TX 75686

24 CITY-ST-ZIP

TITLE [] DELETE

31 TITLE

NAME DCEO

32 NAME

STREET ADDRESS BAUM, MICHAEL H

33 STREET ADDRESS

CITY-ST-ZIP 455 SCIENCE DR.

34 CITY-ST-ZIP

MADISON WI 53744-5016

35 CITY-ST-ZIP

TITLE [] DELETE

41 TITLE

NAME TD

42 NAME

STREET ADDRESS PAUL, JUDITH A

43 STREET ADDRESS

CITY-ST-ZIP 455 SCIENCE DR.

44 CITY-ST-ZIP

MADISON WI 53744-5016

45 CITY-ST-ZIP

TITLE [] DELETE

51 TITLE

NAME DC

52 NAME

STREET ADDRESS PAUL, TERRANCE D

53 STREET ADDRESS

CITY-ST-ZIP 455 SCIENCE DR.

54 CITY-ST-ZIP

MADISON WI 53744-5016

55 CITY-ST-ZIP

TITLE [] DELETE

61 TITLE

NAME S

62 NAME

STREET ADDRESS SHERLOCK, TIM

63 STREET ADDRESS

CITY-ST-ZIP 455 SCIENCE DRIVE

64 CITY-ST-ZIP

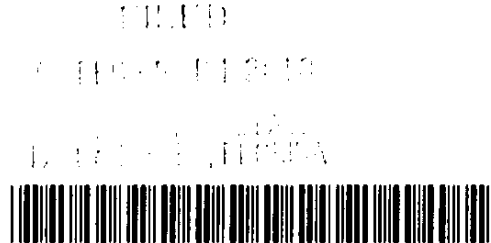
MADISON WI 53744-5016

65 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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

10. Name and Address of New Registered Agent

000002769920-169
-02/09/99--01046--028
****150.00 ****150.00

449 Rusk St.

7301 Whitacre Road
Madison, WI 53717

5852 Thorstrand Road
Madison, WI 53705

5852 Thorstrand Road
Madison, WI 53705

3321 Deer Road
Wisconsin Rapids, WI 54494

1/27/99

608-231-0778

CR2E034 (11/98)