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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002349

1. Corporation Name

TUITION FINANCE, INC.					
Principal Place of Business	Mailing Address				
1000 LANCASTER ST BALTIMORE MD 21202	1000 LANCASTER ST BALTIMORE MD 21202	1000 LANCASTER ST BALTIMORE MD 21202			
				3. Date Incorporated or Quali 05/02/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 52-2021771	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	
City & State	City & State			Election Campaign Finance Trust Fund Contribution	
Zip Country	Zip	Countr	у	This corporation owes the Personal Property Tax.	
9. Name and Address of C	29 zerrent Registered Agent	301		10. Name and Address of N	
9. Name and Add. 655 9, 9		8	1 Name	•	
NRAI SERVICES, INC. 526 E. PARK AVE		8	2 Street	Address (P.O. Box Number is Not Ac	
TALLAHASSEE FL 32301		83			
		8	4 City		
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the control of the control	7.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.050	Statutes, the aboves authorized to 5, Florida Statut	ve-named by the corp es.	d corporation submits this statement for coration's board of directors. I hereby	
SIGNATURE Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Registered A	gent signature	required when reinstating) ,	
12. OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES T	
12.	☐ DELE	TE 1.1 TITL	E		

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90035 043 ***150.00

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ncipal Place	of Business	Mailing Address							
LANCASTER		1000 LANCASTER ST							
TIMORE MD 21202		BALTIMORE MD 21202				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 05/02/1997			
		2a, Mailing Address				4. FEI Number	Α	pplied For	
Principal Pla	ce of Business	⊢				52-2021771	I N	lot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	-	Additional Required	
		City & State		_		6. Election Campaign Financing	\$5.00	May Be	
City & State		├ ─┐ *				Trust Fund Contribution	Added	to Fees	
		Zip	Cour	ntry		8. This corporation owes the current year Intain	ngible	ا بد	
Zip	Country			•		Personal Property Tax.	Yes	ZXNo	
	25		T	_		10. Name and Address of New Registered A	gent		
	9. Name and Address of Curren	nt Registered Agent	\dashv	81	Name			ì	
NRAI	SERVIÇES, INC.			02	Stroot Add	ress (P.O. Box Number is Not Acceptable)	-		
	E. PARK AVE			82	Street Auu	less (F.O. Box Number to the state of the st			
	AHASSEE FL 32301			83			7.5		
IALU	AINOOLL I'L GLOOT			84	City		85 Zi	p Code	
					·	poration submits this statement for the purpose of clon's board of directors. I hereby accept the appoin	hanging	ite registered	
office or re agent. I ar	gistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Florida	Stati	utes.	•	poration submits this statement for the purpose of clon's board of directors. I hereby accept the appoint when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN			
	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang	e Addition	
TLE	PTD	☐ DELETÉ	1.1 TI	TLE	ļ				
AME	MCGEE, B. LEE		1.2 N	AME					
TREET ADDRESS	1000 LANCASTER ST		1.3 \$	TREE	T ADDRESS				
	BALTIMORE MD 21202		1.4 C	ITY-S	T-ZIP		Chang	ge 🔲 Addition	
TY-ST-ZIP	SD	☐ DELETE	2.1 Ti	ITLE				go	
	HOWARD, DOUGLAS C		2.2 N	AME					
AME	1000 LANCASTER ST		2.3 S	TREE	T ADDRESS	•			
TREET ADDRESS	BALTIMORE MD 21202		2.40	CITY-S	ST-ZIP		[] Chang	ge Addition	
ITY-ST-ZIP	BALTIMOTIC IND LIEUZ	☐ DELETE	3.1 T	ITLE			Cilani	ge 🔲 Addition	
ITLE			3.2 N	IAME					
IAME			3.3 S	TREE	T ADDRESS		٧.		
TREET ADDRESS			3.4. (CITY-	ST-ZIP			ge Addition	
HTY-ST-ZIP		DELETE	4.1 T	TITLE			☐ Chan	ige CT vagarious	
TITLE			4.2	NAME	:				
IAME			4.3 8	STREE	ET ADDRESS				
TREET ADDRESS			4.4 (CITY-:	ST-ZIP				
CITY-ST-ZIP		☐ DELETE		TITLE			Char	nge	
TITLE		_	5.21	NAME					
NAME			5.3	STRE	ET ADDRESS				
STREET ADDRESS	5		5.4	CITY-	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1	TITLE			Char	nge 🗌 Addition	
TITLE			6.2	NAME					
NAME			6.3	STRE	ET ADDRESS			•	
STREET ADDRESS	s		١,,	CITY	eT. 7/D	<u></u>			
CITY-ST-ZIP	ļ	the second secon	20.6	/0 m	ation stated i	in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that	the information	

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 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.