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Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90012 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003568**

1. Corporation Name

CALIBER LEARNING NETWORK, INC.

Principal Place of Business

ATTN: LEGAL DEPT., CALIBER LEARNING NTRWK
1000 LANCASTER STREET
BALTIMORE MD 21202-4373

Mailing Address

ATTN: LEGAL DEPT., CALIBER LEARNING NTRWK
1000 LANCASTER STREET
BALTIMORE MD 21202-4373

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

52-2001020

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

21 **3600 CLIPPER MILL RD.**

Suite, Apt. #, etc.

22 **300**

City & State

23 **BALTIMORE, MD**

Zip

Country

24 **21211**

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

I, the undersigned, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **PC** ☐ DELETE

NAME **BECKER, DOUGLAS L**
STREET ADDRESS **1000 LANCASTER STREET**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **CEO** ☐ DELETE

NAME **NGUYEN, CHRIS L**
STREET ADDRESS **1000 LANCASTER STREET**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **V** ☐ DELETE

NAME **DOBKIN, DAVID**
STREET ADDRESS **1000 LANCASTER STREET**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **V** ☒ DELETE

NAME **JONES, O S**
STREET ADDRESS **1000 LANCASTER STREET**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **SC** ☐ DELETE

NAME **BECKER, DOUGLAS L**
STREET ADDRESS **1000 LANCASTER STREET**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE **T** ☐ DELETE

NAME **MCGEE, B L**
STREET ADDRESS **1000 LANCASTER STREET**
CITY-ST-ZIP **BALTIMORE MD 21202**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VP & Assoc. Sec.
Robert W. ZENTZ**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)