2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9800000184

FILED Jan 06, 2004 Secretary of State

Entity Name: SOUTHWEST STUDENT SERVICES CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1555 N. FIESTA BLVD. 1555 N. FIESTA BLVD. GILBERT, AZ 85233 GILBERT, AZ 85233 US **Current Mailing Address: New Mailing Address:** 1555 N. FIESTA BLVD. 1555 N. FIESTA BLVD. GILBERT, AZ 85233 GILBERT, AZ 85233 US FEI Number: 86-0719662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, JUDITH 11140 SW 88TH ST, #200 MIAMI, FL 33156 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete EVANS, GEORGE EVANS, GEORGE Name: Name: 1555 N. FIESTA BLVD Address: 1555 N. FIESTA BLVD Address: GILBERT, AZ 85233 City-St-Zip: GILBERT, AZ 85233 City-St-Zip: Title: () Delete Title: () Change () Addition JENKINS, WILLIAM Name: Name: Address: 1555 N. FIESTA BLVD Address: City-St-Zip: GILBERT, AZ 85233 City-St-Zip: Title: ST/D () Delete Title: (X) Change () Addition STEPHENS, ALAN Name: HERNDON, TOM Name: 1555 N. FIESTA BLVD. 1555 N. FIESTA BLVD. Address: Address: City-St-Zip: GILBERT, AZ 85233 City-St-Zip: GILBERT, AZ 85233 Title: C/D () Delete Title: () Change () Addition Name: ROIG, VINCENT Name: Address: 1555 N. FIESTA BLVD. Address: City-St-Zip: GILBERT, AZ 85233 City-St-Zip: Title: () Delete Title: () Change () Addition ARIPOLI, DON A Name: Name: 1555 N. FIESTA BLVD. Address: Address: City-St-Zip: GILBERT, AZ 85233 City-St-Zip: Title: () Delete Title: (X) Change () Addition BETTS, STEVE BETTS, STEVE Name: Name: Address: 1555 N. FIESTA BLVD. Address: 1555 N. FIESTA BLVD. GILBERT, AZ 85233 GILBERT, AZ 85233 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA RYAN V 01/06/2004