

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90095 002 \*\*\*150.00

**DOCUMENT # F98000001507**

1. Entity Name

**COMPUTER LEARNING CENTERS, INC. OF DELAWARE**

Principal Place of Business

Mailing Address

11350 RANDOM HILLS ROAD  
 SUITE 240  
 FAIRFAX VA 22030

11350 RANDOM HILLS ROAD  
 SUITE 240  
 FAIRFAX VA 22030-6044

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10021 BALLS FORD RD

3. Mailing Address

10021 BALLS FORD RD

Suite, Apt. #, etc.

# 200

Suite, Apt. #, etc.

# 200

City & State

MANASSAS VA

City & State

MANASSAS VA

4. FEI Number

36-3501869

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

20109

Country

USA

Zip

20109

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BECHTLE, REID R	
STREET ADDRESS	11350 RANDOM RD, STE 240	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COSGROVE, CHARLES L	
STREET ADDRESS	11350 RANDOM RD, STE 240	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUSTER, SUE	
STREET ADDRESS	11350 RANDOM RD, STE 240	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NASSER, MARK M	
STREET ADDRESS	11350 RANDOM RD, STE 240	
CITY-ST-ZIP	FAIRFAX VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bechtle, Reid R.	
STREET ADDRESS	12880 Wyckland Dr	
CITY-ST-ZIP	Clifton VA 22024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTER, SUE	
STREET ADDRESS	10021 BALLS FORD RD #200	
CITY-ST-ZIP	MANASSAS VA 20109	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSER, MARK M.	
STREET ADDRESS	10021 BALLS FORD RD #200	
CITY-ST-ZIP	MANASSAS VA 20109	
TITLE	P/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORSE, JOHN L.	
STREET ADDRESS	10021 BALLS FORD RD #200	
CITY-ST-ZIP	MANASSAS VA 20109	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRACHOTA, CHRISTINE	
STREET ADDRESS	10021 BALLS FORD RD #200	
CITY-ST-ZIP	MANASSAS VA 20109	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

703  
 367 7039

Date

Daytime Phone #

CRPE034 (9/99)