2007 FOR PROFIT CORPORATION

Apr 02, 2007 8:00 am Secretary of State ANNUAL REPORT 04-02-2007 90096 008 ***150.00 DOCUMENT # F99000006286 1. Entity Name HIGH-TECH INSTITUTE, INC. 40047393 Principal Place of Business Mailing Address 2250 WEST PEORIA AVENUE 2250 WEST PEORIA AVENUE A-200 A-200 PHOENIX, AZ 85029 PHOENIX, AZ 85029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 86-0973099 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Vice President ☐ Change Addition TITLE Delete TITLE Carole Miler Sto-4-200 Phx 428529 NAME POBIAK, DENNIS NAME 2250 W. PEORIA AVENUE - SUITE A-200 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP PHOENIX, AZ 85029 CITY-ST-ZIP Vice President Dione Gilmone Ste A-200 TITLE TITLE ☐ Change Delete GAFFNEY, CHRISTOPHER NAME NAME ONE LIBERTY SQUARE FLR 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109 CITY-ST-ZIP he AZ 8 2029 - Addition TITLE ☐ Delete TITLE ☐ Change MATTHEW, VETTEL NAME NAME STREET ADDRESS ONE LIBERTY SQUARE FLOOR 13 STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02109 CITY-ST-ZIP TITLE VSD ☐ Delete THE ☐ Change ☐ Addition POBIAK, MARILYN NAME NAME STREET ADDRESS 2250 W. PEORIA AVENUE - SUITE A-200 STREET ADDRESS CITY-ST-ZIP PHOENIX, AZ 85029 CITY-ST-ZIP TITLE CFO ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, RICH NAME NAME 2250 W PEORIA AVE, STE A-200 STREET ADDRESS STREET ADDRESS PHOENIX, AZ 85029 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE esident NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 reserver at unstee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

STREET ADDRESS

CITY - ST - ZIP

Reseaste A-200

STREET ADDRESS CITY-ST-ZIP