


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90048 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000006286					
1. Entity Name HIGH-TECH INSTITUTE, INC.					
Principal Place of Business 2250 WEST PEORIA AVENUE A-200 PHOENIX, AZ 85029			Mailing Address 2250 WEST PEORIA AVENUE A-200 PHOENIX, AZ 85029		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 86-0973099	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POBIAS, DENNIS		NAME		
STREET ADDRESS	2250 W. PEORIA AVENUE - SUITE A-200		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85029		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAFFNEY, CHRISTOPHER		NAME		
STREET ADDRESS	2250 W. PEORIA AVENUE -SUITE A-200		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85029		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VETTEL, MATTHEW		NAME		
STREET ADDRESS	2250 W. PEORIA AVENUE -SUITE A-200		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85029		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POBIAS, MARILYN		NAME		
STREET ADDRESS	2250 W. PEORIA AVENUE - SUITE A-200		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX, AZ 85029		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCDUGALL, JOHN		NAME	JOHN S HODGSON	
STREET ADDRESS	2250 W. PEORIA AVENUE -SUITE A-200		STREET ADDRESS	2250 W PEORIA AVENUE-SUITE A-200	
CITY-ST-ZIP	PHOENIX, AZ 85029		CITY-ST-ZIP	PHOENIX, AZ 85029	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John S. Hodgson</u> JOHN S HODGSON 5-1-03 602-328-2846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/02)