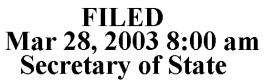
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 106033



1. Entity Name COOPER CAREER INSTITUTE, INC.									03-28-200	-		
Principal Plac 2247 PALM BE STE 110 WEST PALM E	EACH LAKES	BLVD	129 N	Mailing Address 129 N WITCHDUCK RD VA BEACH VA 23462 US								
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address						 		
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te		City	City & State				4. FEI Number 65-0032839			<u> </u>	pplied For ot Applicable
Zip Country			Zip		Country						\$8.75 Ad Fee Require	
	6. Name	and Address of Currer	nt Registere	ed Agent				7. N	ame and Address of New	Registered	Agent	
SARIS, EL		-	=	. Lander of the State of the St	÷≠a -	Name Street Add	ul dress (P	(<u>es</u> 950	ox Alumber is you Accepted)le) / //		
2247 PALM BEACH LAKES BLVD									em Deacu	Van		N
WEST PALM BEACH FL 33409								.]] Do t	m Bace A	FL را	Zip Coo	ie C
	named entit		for the purp	ose of changing its	registere	ed office or re	egistere	ed age	ent, or both, in the State of F	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered ager	MU nt and title if app	licable. (NOTE	E: Regiptere	d Agent signature	required v	when reir	nstating)	DATE	5/03	
.∂Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department	of State				J	}	Election Campaign F Trust Fund Contribut			00 May Be d to Fees
10.	<u> </u>	OFFICERS ANI		RS	11.			ADD	DITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JAAP, JOS 523 FAIRF NORFOLK	ax avenue	at raid a comh a fhail a comh a fha a ch	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							- Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINE, AND 2101 PARK VIRGINIA E		منبيس جا ا	☐ Delete			٠٠.	~ ~~~		The state of the s	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
12. I hereby of indicated of the correctanged.	certify that the fon this repor poration or the or on an atta	e information supplied with the control of the cont	th this filing is true and bowered to with all oth	does pot qualify for accurate and that n execute this report entire empowered.	the exerny signat as requir	nption stated ure shall hav ed by Chapt	d in Sec e the sa er 607,	ction 1 ame le Florid	19.07(3)(i), Florida Statutes egal effect as if made unde a Statutes; and that my nai	s. I further ce r oath; that I me appears i	rtify that the i am an officer in Block 10 o	information or director r Block 11 if