2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005493

Address:

City-St-Zip:

Entity Name: INSURANCE TRAINING CORP

FILED Apr 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5708 RIDGESTONE DRIVE SUITE #1 TAMPA, FL 33625 **Current Mailing Address: New Mailing Address:** 5708 RIDGESTONE DRIVE SUITE #1 TAMPA, FL 33625 US FEI Number: 01-0664136 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: WEINBERGER, JOEL J 5708 RIDGESTONE DRIVE SUITE #1 TAMPA, FL 33625 US 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 WEINBERGER, JOEL J WEINBERGER, JOEL J Name: Name: 5708 RIDGESTONE DRIVE Address: 5708 RIDGESTONE DRIVE Address: City-St-Zip: TAMPA, FL 33625 US City-St-Zip: TAMPA, FL 33625 US Title: SECY () Delete Title: (X) Change () Addition Name: WEINBERGER, PATRICIA S Name: WEINBERGER, PATRICIA S Address: 5708 RIDGESTONE DR Address: 5708 RIDGESTONE DR City-St-Zip: TAMPA, FL 33625 US City-St-Zip: TAMPA, FL 33625 US Title: () Delete Title: (X) Change () Addition WEINBERGER, PATRICIA S WEINBERGER, PATRICIA S Name: Name: Address: 5708 RIDGESTONE DRIVE Address: 5708 RIDGESTONE DRIVE City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33625 () Delete Title: Title: VP/D () Change (X) Addition Name: Name: WEINBERGER, DAVID E

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.

Address:

City-St-Zip:

458 WEST 52ND ST

NEW YORK, NY 10019 US

SIGNATURE: JOEL J. WEINBERGER P/D 04/17/2002