2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001308

FILED Apr 14, 2008 Secretary of State

Entity Name: PRIVATE CORRECTIONS INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business: 1114 BRANDT DRIVE TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1114 BRANDT DRIVE TALLAHASSEE, FL 32308 FEI Number: 20-0713248 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: KOPCZYNSKI, KEN 1114 BRANDT DRIVE TALLAHASSEE, FL 32308 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: () Change () Addition () Delete FRIEDMANN, ALEX Name: Name: 5341 MT VIEW RD. Address: Address: City-St-Zip: ANTIOCH, TN 37013 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUBBARD, DEE Name: Address: P.O. BOX 88 Address: City-St-Zip: STERLING, AK 99672 City-St-Zip: Title: () Delete Title: () Change () Addition RAHER, STEPHEN Name: Name: Address: P.O. BOX 15189 Address: City-St-Zip: PORTLAND, OR 97293 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: WRAY, HARMON Name: 1109 GRAYBAR LANE Address: Address: City-St-Zip: NASHVILLE, TN 37204 City-St-Zip: Title: () Delete Title: () Change () Addition PHILLIPS, DEBORAH Name: Name: P.O. BOX 338 Address: Address: WHITEWOOD, SD 57793 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: STEPHEN RAHER S 04/14/2008