FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N19648 (7) T.R.A.A. EDUCATION FOUNDATION, INC.							
Principal Plac	e of Business	Mailing Address			- seetings par cours come evill grant die graffillen gleit diest greit greit greit greit greit greit greit greit		
2200 MILL RD 2200 MILL RD ALEXANDRIA VA 22314-4677 ALEXANDRIA VA 22314-467 US US			n		3. Date Incorporated or Qualified 03/12/1987 4. FEI Number Applied For		
					4. FEI Number Applied For Not Applied For Not Applicabl		
2. Principal P	rincipal Place of Business 2a. Mailing Address 26				Certificate of Status Desired \$8.75 Additional Fee Required	Ť	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	7	
22 27					Trust Fund Contribution Added to Fees	4	
City & State City & State					7. Is this nonprofit corporation a homeowners association?	- }	
Zip			Country		8. This corporation owes or has paid the current year Intangible	\dashv	
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	\Box	
CT CORPORATION SYSTEM 1200 SO PINE ISLD RD PLANTATION FL 33324			83	Street	t Address (P.O. Box Number is Not Acceptable)		
			84	City	85 Zip Code	7	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.056 (egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 617.0503, Flo	authorized b orida Statute	y the corp is.	d corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered provided when reinstating) DATE	t a	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\§	
TITLE	D LEIUTO IOINI	· · · · · · · · · · · · · · · · · · ·			Change Addition	0 E	
NAME	LEWIS, JOHN 903 J PLACE		1.2 NAME		Harrief S. Cooley 2200 Mill Rd	١٥	
STREET ADDRESS	PLANO TX 75074			T ADDRESS		Į	
CITY-ST-ZIP TITLE			1.4 CITY - 2.1 TITLE	51-ZIP	Alex Andria VA 22314 Change Addition	<u></u> 6	
NAME			2.2 NAME		- Stange - Noted	" "	
STREET ADDRESS	1771 GRANVILLE CT.		2 3 STREE	T ADDRESS	*		
CITY-ST-ZIP	MEDFORD CT 97504		2.4 CITY	ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change Addition	n	
NAME	HALL, FLETCHER R		3.2 NAME				
STREET ADDRESS	2200 MILL ROAD			T ADDRESS	;	-	
CITY-ST-ZIP	ALEXANDRIA VA 22314		3.4. CITY-	ST-ZIP		_	
TITLE		☐ DELETE	4.1 TITLE		Change	n	
NAME CTOTET ADDRESS			4. 2 NAME				
STREET ADDRESS				T ADDRESS		- 1	
CITY-ST-ZIP TITLE			4.4 CITY - : 5.1 TITLE	31-ZIY	Change Addition	_	
NAME			5.2 NAME		C charge C Auditor	"	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 C(TY+				
TITLE			6.1 TITLE		Change Addition	ᆔ	
NAME	i.		6.2 NAME		400002643054 pt.,,		
STREET ADDRESS			6.3 STREE	ADDRESS	****81.25		
CITY CT 7ID			S A CITY I	er aus		.	

14. I hereby derify 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Washing Code Bl QUILLE

713-838-1897