

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002344

FILED
Apr 16, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN EDUCATIONAL DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

5666 SEMINOLE BLVD, SUITE 2
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

5666 SEMINOLE BLVD, SUITE 2
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3564028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, ZACHARY S
5666 SEMINOLE BLVD, SUITE 2
SEMINOLE, FL 33772

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: EKNO, TIMOTHY J
Address: 3001 N ROCKY POINT DR
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: OTAVIANI, TIMOTHY
Address: 70 ENCANTO AVENUE
City-St-Zip: SAN FRANCISCO, CA 94115

Title: SD () Delete
Name: WAIT, HARVEY
Address: 281 ALDALE DR NR
City-St-Zip: GRAND RAPIDS, MI 49505

Title: TD () Delete
Name: WOODRING, JACK
Address: 1161 SIOUX TERRACE
City-St-Zip: MADISON, TN 37115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EKNO, TIMOTHY J
Address: 8802 KEYSTONE CT.
City-St-Zip: RIVERSIDE, CA 92508

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TIM J. EKNO

PD

04/16/2002

Electronic Signature of Signing Officer or Director

_____ Date