2004 FOR PROFIT CORPORATION

Jun 03, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000000374 06-03-2004 90002 005 ***150.00 SANDLER SALES INSTITUTE INC. Principal Place of Business Mailing Address 54056496 1000 W MCNAB ROAD 3 1000 W MCNAB ROAD POMPANO BCH, FL 33069 POMPANO BCH, FL 33069 CR2E034 (10/03) 03012003 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0594568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRONIN, BERNARD M DO_NOT_WRITE 1000 W MCNAB ROAD POMPANO BCH, FL 33069 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE CRONIN, BERNARD NAME 1000 W MCNAB RD . . . STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE ... NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

12. I hereby certify 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> m SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED