

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12304** (2)

1. Corporation Name

ASSESSMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

**3 BALA PLAZA
STE - W-300
BALA CYNWYD PA 19004
US**

**6277 SEA HARBOR DRIVE
ORLANDO FL 32821-8098
US**

3. Date Incorporated or Qualified **11/26/1986** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	23-2212698	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P SAMPH, THOMAS	1.2 NAME
STREET ADDRESS 718 ARCH STREET	1.3 STREET ADDRESS
CITY-STATE-ZIP PHILADELPHIA PA	1.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME C DILWORTH, JOHN R.	2.2 NAME
STREET ADDRESS 55 ACADEMIC CT.	2.3 STREET ADDRESS
CITY-STATE-ZIP SAN ANTONIO TX 78204	2.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVP LENKE, JOANNE	3.2 NAME
STREET ADDRESS 555 ACADEMIC COURT	3.3 STREET ADDRESS
CITY-STATE-ZIP SAN ANTONIO TX 78204	3.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SVPB LAMOTTA, CHARLES D	4.2 NAME
STREET ADDRESS 3 BALA PLAZA	4.3 STREET ADDRESS
CITY-STATE-ZIP BALA CYNWYD PA 19004	4.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SVP ZANKOFF, ARTHUR	5.2 NAME
STREET ADDRESS 3 BALA PLAZA	5.3 STREET ADDRESS
CITY-STATE-ZIP BALA CYNWYD PA 19004	5.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BANKS 326 97 407/345-332

CR2E034 (9/96)