

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P14162 (2)**

1. Corporation Name  
**NATIONAL EDUCATION PAYROLL CORP.**



Principal Place of Business: **18400 VON KARMAN AVENUE, FL-10 IRVINE CA 92715**  
Mailing Address: **18400 VON KARMAN AVENUE, FL-10 IRVINE CA 92715**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
State, Apt. #, etc. City, & State Zip Country

3. Date Incorporated or Qualified: **04/23/1987**  
3a. Date of Last Report: **02/14/1995**  
4. FEIN Number: **33-0221745**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CWIERTNIA, JEROME W	
STREET ADDRESS	18400 VON KARMAN AVENUE	
CITY, STATE, ZIP	IRVINE CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MAYNARD, PHILIP C	
STREET ADDRESS	18400 VON KARMAN AVENUE	
CITY, STATE, ZIP	IRVINE CA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, MICHAEL S	
STREET ADDRESS	18400 VON KARMAN AVENUE	
CITY, STATE, ZIP	IRVINE CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HALLETT, ELIZABETH H	
STREET ADDRESS	18400 VON KARMAN AVE	
CITY, STATE, ZIP	IRVINE CA	
TITLE	VCA	<input checked="" type="checkbox"/> DELETE
NAME	GATTENIO, CHRISTINE A.	
STREET ADDRESS	18400 VON KARMAN AVE	
CITY, STATE, ZIP	IRVINE CA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	OGATA, KEITH K	
STREET ADDRESS	18400 VON KARMAN AVENUE	
CITY, STATE, ZIP	IRVINE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	YAU, SAM	
13. STREET ADDRESS	18400 VON KARMAN AVENUE	
14. CITY, STATE, ZIP	IRVINE, CA 92715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		
22. NAME		
21. STREET ADDRESS		
24. CITY, STATE, ZIP		
3. TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	CLAUSEN, JOHN L.	
33. STREET ADDRESS	18400 VON KARMAN AVENUE	
34. CITY, STATE, ZIP	IRVINE, CA 92715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	HOLMEN, ROBERT	
43. STREET ADDRESS	18400 VON KARMAN AVENUE	
44. CITY, STATE, ZIP	IRVINE, CA 92715	
5. TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	MEDWID, GLEN	
53. STREET ADDRESS	18400 VON KARMAN AVENUE	
54. CITY, STATE, ZIP	IRVINE, CA 92715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE		
62. NAME		
63. STREET ADDRESS		
64. CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: John L. Clausen February 1, 1996 714-474-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)