

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14162** (2)

1. Corporation Name
NATIONAL EDUCATION PAYROLL CORP.



Principal Place of Business 2801 MAIN STREET SUITE 700 IRVINE CA 92614 US	Mailing Address 2801 MAIN STREET SUITE 700 IRVINE CA 92614 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/23/1987	4. FEI Number 33-0221745	Applied For Not Applicable
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	VP
STREET ADDRESS	STREET ADDRESS	1.2 NAME	BANKS, MICHAEL
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	6277 SEA HARBOR DR
		1.4 CITY-ST-ZIP	ORLANDO, FL 32887
TITLE	NAME	2.1 TITLE	PD
STREET ADDRESS	STREET ADDRESS	2.2 NAME	KNEZ, BRIAN J
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	27 BOYLSTON ST
		2.4 CITY-ST-ZIP	CHESTNUT HILL, MA 02167
TITLE	NAME	3.1 TITLE	DUP
STREET ADDRESS	STREET ADDRESS	3.2 NAME	SMITH, ROBERT A
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	27 BOYLSTON ST
		3.4 CITY-ST-ZIP	CHESTNUT HILL, MA 02167
TITLE	NAME	4.1 TITLE	VP
STREET ADDRESS	STREET ADDRESS	4.2 NAME	URQUHART, ERNEST
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	6277 SEA HARBOR DR
		4.4 CITY-ST-ZIP	ORLANDO, FL 32887
TITLE	NAME	5.1 TITLE	AS
STREET ADDRESS	STREET ADDRESS	5.2 NAME	DARKSEN, LINDA K
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	6277 SEA HARBOR DR.
		5.4 CITY-ST-ZIP	ORLANDO, FL 32887
TITLE	NAME	6.1 TITLE	T
STREET ADDRESS	STREET ADDRESS	6.2 NAME	GIBBONS, PAUL F
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	27 BOYLSTON ST
		6.4 CITY-ST-ZIP	CHESTNUT HILL, MA 02167

14. 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 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.

CR2E034 (10/97)