

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999 2000

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90120 008 \*\*\*150.00

DOCUMENT # **P23536**

1. Corporation Name  
**NATIONAL EDUCATION TRAINING GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6277 SEA HARBOR DR  
TAX DEPT  
ORLANDO FL 32887  
US

Mailing Address

2601 MAIN STREET  
SUITE 700  
IRVINE CA 92614  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

Zip

Country

3. Date Incorporated or Qualified

03/22/1989

4. FEI Number

68-0179533

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 the current year Intangible  
Personal Property Tax.

☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME BANKS, M  
STREET ADDRESS 6277 SEA HARBOR DR  
CITY-ST-ZIP ORLANDO FL 32887

TITLE DP ☐ DELETE

NAME KNEZ, B J  
STREET ADDRESS 27 BOYSTON ST  
CITY-ST-ZIP CHESTNUT HILL MA 02167

TITLE D ☐ DELETE

NAME SMITH, R A  
STREET ADDRESS 27 BOYLSTON ST  
CITY-ST-ZIP CHESTNUT HILL MA 02167

TITLE VP ☐ DELETE

NAME URQUHART, E  
STREET ADDRESS 6277 SEA HARBOR DR  
CITY-ST-ZIP ORLANDO FL 32887

TITLE AS ☐ DELETE

NAME DIRKSEN, L K  
STREET ADDRESS 6277 SEA HARBOR DR  
CITY-ST-ZIP ORLANDO FL 32887

TITLE T ☐ DELETE

NAME GIBBONS, P F  
STREET ADDRESS 27 BOYLSTON ST  
CITY-ST-ZIP CHESTNUT HILL MA 02167

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

See ATTACHED LIST

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD E. DICKINSON-

William F. Bayers, Assistant Secretary  
27 Boylston Street  
Chestnut Hill, MA 02167

Linda K. Dirksen, Assistant Secretary  
6277 Sea Harbor Drive  
Orlando, FL 32887

P23536  
A0061027

**DIRECTORS:**

Richard A. Smith  
Robert A. Smith  
Brian J. Knez