

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:34

DOCUMENT # P25330

(2)

1. Corporation Name

THE NATIONAL CENTER FOR PARALEGAL TRAINING, INC.

Principal Place of Business

3414 PEACHTREE RD., N.E.
STE 528
ATLANTA GA 30326
US

Mailing Address

3414 PEACHTREE RD., N.E.
STE 528
ATLANTA GA 30326
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

13-2849442

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GREENSTONE, ALBERT
STREET ADDRESS 3414 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

President Emeritus

☒ Change ☐ Addition

TITLE VS
NAME STEINBERG, FREDERICK W.
STREET ADDRESS 300 SIXTH AVE
CITY-ST-ZIP PITTSBURGH PA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME O'DAY, DANIEL K.
STREET ADDRESS 300 SIXTH AVE.
CITY-ST-ZIP PITTSBURGH PA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

C. Thomas Burkett

☒ Change ☐ Addition

TITLE AS
NAME CONLSON, MARK C
STREET ADDRESS 600 GRANT ST., 42ND FL.
CITY-ST-ZIP PITTSBURGH PA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EVP
NAME GRUBER, NANCY
STREET ADDRESS 3414 PEACHTREE RD
CITY-ST-ZIP ATLANTA GA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

President

☒ Change ☐ Addition

TITLE VP
NAME FREEDMAN, ALAN
STREET ADDRESS 3414 PEACHTREE RD
CITY-ST-ZIP ATLANTA GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #