

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P25330

(2)

1. Corporation Name

THE NATIONAL CENTER FOR PARALEGAL TRAINING, INC.



Principal Place of Business

Mailing Address

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

3414 PEACHTREE RD., N.E.
STE 528
ATLANTA GA 30326-1170
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 C/O EMC, 6TH AVENUE

22 City & State

27 8TH FLOOR

23 Zip

Country

28 PITTSBURGH, PA

Zip

Country

24

25

29 15222

30

US

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)

1201 HAYS STREET

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 PE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE T ☒ DELETE

NAME BURKETT, C. THOMAS
STREET ADDRESS 300 SIXTH AVE.
CITY-STATE-ZIP PITTSBURGH PA

3.1 TITLE ☐ Change ☒ Addition

TITLE AS ☒ DELETE

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

4.1 TITLE ☐ Change ☒ Addition

TITLE P ☒ DELETE

NAME GRUBER, NANCY
STREET ADDRESS 3414 PEACHTREE RD
CITY-STATE-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☒ Addition

TITLE VP ☐ DELETE

NAME FREEDMAN, ALAN
STREET ADDRESS 3414 PEACHTREE RD
CITY-STATE-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ Addition

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:

FREDERICK W. STEINBERG

4-28-97

(412) 562-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)