

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

%EMC 6TH AVE
8TH FLOOR
PITTSBURGH PA 15222
US

FILED

98 APR -6 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1989

4. FEI Number

13-2849442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS ST

TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PE ☐ DELETE

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

TITLE VS ☐ DELETE

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

TITLE T ☐ DELETE

NAME MCDOWEL, ROBERT T
STREET ADDRESS 300 SIXTH AVE
CITY-ST-ZIP PITTSBURGH PA

TITLE AS ☒ DELETE

NAME WEINGART, GREGORY A
STREET ADDRESS 600 GRANT ST 42ND FL
CITY-ST-ZIP PITTSBURGH PA

TITLE P ☐ DELETE

NAME HODGES, MARK C
STREET ADDRESS 300 SIXTH AVE
CITY-ST-ZIP PITTSBURGH PA

TITLE VP ☐ DELETE

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

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

300002480273--5

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Assistant Secretary
Deborah A. Lindberg
1500 Oliver Building
Pittsburgh, PA 15222

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 769755 4306349

AUTHORIZATION : *Patricia Pizutti*

COST LIMIT : \$ 150.00

ORDER DATE : April 6, 1998

ORDER TIME : 2:07 PM

ORDER NO. : 769755-045

CUSTOMER NO: 4306349

CUSTOMER: Nancy Koerbel, Paralegal
Kirkpatrick & Lockhart
1500 Oliver Bldg

Pittsburgh, PA 15222

ANNUAL REPORT FILING

NAME: THE NATIONAL CENTER FOR
PARALEGAL TRAINING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

98 APR -6 PM 2:45
DIVISION OF CORPORATION