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FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90147 032 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P25330

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

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

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME AS  
LINDBERG, DEBORAH A  
STREET ADDRESS 1500 OLIVER BUILDING  
CITY-ST-ZIP PITTSBURGH PA 15222

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VP  
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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99 (412) 355-6236

CR2E034 (11/98)