

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25330

1. Entity Name

THE NATIONAL CENTER FOR PARALEGAL TRAINING, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90038 047 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

400 EMBASSY ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State

City & State

ATLANTA, GA

Zip

Country

Zip

Country

30328

4. FEI Number

13-2849442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS ST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT ☐ Change ☒ Addition
NAME ERMUTLU, ANNA C
STREET ADDRESS 400 EMBASSY ROW STE 100
CITY-ST-ZIP ATLANTA GA 30328

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

TITLE SECRETARY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE TREASURER ☐ Change ☒ Addition
NAME O'DAY, DANIEL K
STREET ADDRESS 300 SIXTH AVENUE
CITY-ST-ZIP PITTSBURGH PA

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ASSISTANT TREASURER ☐ Change ☐ Addition
NAME STRUTZ, KRISTEN H.
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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristen Strutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

(412) 562-0900

Daytime Phone #

CR2E034 (9/99)