

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 # P28282 (2)
1. Corporation Name
THE ART INSTITUTES INTERNATIONAL, INC.

FILED
98 APR -6 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O EMC 300 SIXTH AVE. 8TH FLOOR PITTSBURGH PA 15222 US		C/O EMC 300 SIXTH AVE. 8TH FLOOR PITTSBURGH PA 15222 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	02/27/1990	25-1119571
Suite, Apt #, etc	Suite, Apt #, etc	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE FL 32301		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, FREDERICK W	1.2 NAME	
STREET ADDRESS	300 SIXTH AVE. 8TH FL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	DPCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, MIRYAM L.	2.2 NAME	
STREET ADDRESS	300 SIXTH AVE. 8TH FL.	2.3 STREET ADDRESS	900002480089--9
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	
TITLE	SVTC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, ROBERT L.	3.2 NAME	
STREET ADDRESS	300 SIXTH AVE. 8TH FL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	DCCE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTSON, ROBERT B	4.2 NAME	
STREET ADDRESS	300 SIXTH AVE. 8TH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENGART, GREGORY A	5.2 NAME	Deborah A. Lindberg
STREET ADDRESS	600 GRANT STREET 42ND FLOOR	5.3 STREET ADDRESS	1500 Oliver Building
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVALESKIE, FRANCIS T	6.2 NAME	
STREET ADDRESS	300 SIXTH AVE, 8TH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	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, on an attachment with an address.

CR2E034 (10/97)

DL

3/2/98



ACCOUNT NO. : 072100000032

REFERENCE : 769755 4306349

AUTHORIZATION : *Patricia Pizzit*

COST LIMIT : \$ 150.00

ORDER DATE : April 6, 1998

ORDER TIME : 1:26 PM

ORDER NO. : 769755-020

CUSTOMER NO: 4306349

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

Pittsburgh, PA 15222

ANNUAL REPORT FILING

NAME: THE ART INSTITUTES
INTERNATIONAL, 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: _____

RECEIVED
98 APR -6 PM 1:51