

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90046 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28282

1. Corporation Name
THE ART INSTITUTES INTERNATIONAL, INC.

Principal Place of Business C/O EMC 300 SIXTH AVE. 8TH FLOOR PITTSBURGH PA 15222 US	Mailing Address C/O EMC 300 SIXTH AVE. 8TH FLOOR PITTSBURGH PA 15222 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 02/27/1990	Applied For Not Applicable
4. FEI Number 25-1119571	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	STEINBERG, FREDERICK W	
STREET ADDRESS	300 SIXTH AVE. 8TH FL.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DPCO	<input type="checkbox"/> DELETE
NAME	DRUCKER, MIRYAM L.	
STREET ADDRESS	300 SIXTH AVE. 8TH FL.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	SVTC	<input type="checkbox"/> DELETE
NAME	MCDOWELL, ROBERT L.	
STREET ADDRESS	300 SIXTH AVE. 8TH FL.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DCCE	<input type="checkbox"/> DELETE
NAME	KNUTSON, ROBERT B	
STREET ADDRESS	300 SIXTH AVE. 8TH FL	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LINDBERG, DEBORAH	
STREET ADDRESS	1500 OLIVER BUILDING	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COVALESKIE, FRANCIS T	
STREET ADDRESS	300 SIXTH AVE. 8TH FL	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah A. Lindberg 1/20/99 (412) 355-6276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)