FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P30359 (4)

1. Corporation Name

EDUCATIONAL FIELD STUDIES, INC.

Principal Place of Business	Mailing Address
9500 SATELLITE BLVD. STE 140 ORLANDO FL 32837-8461 US	P O BOX 592308 STE 140 ORLANDO FL 32859-2308 US

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/31/1990
3a. Date of Last Report: 03/14/1995
4. FEI Number: 88-0169124 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

JONES, MARIANNE C.
9500 SATELITTEL BLVD , STE 140
ORLANDO FL 32821

10. **Name and Address of New Registered Agent**

81 Name: KEVIN BUTLER
82 Street Address (P.O. Box Number is Not Acceptable): 9500 SATELLITE BLVD., STE #140
83
84 City: ORLANDO FL 85 Zip Code: 32821

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] KEVIN BUTLER — 2/2/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. **OFFICERS AND DIRECTORS**

	Officer	
TITLE	PS	☐ DELETE
NAME	DECAPRIO, RON	
STREET ADDRESS	9500 SATELLITE BLVD #140	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VTD	☐ DELETE
NAME	LUSVARDI, MARK	
STREET ADDRESS	14325 WILLARD RD., #102	
CITY-ST-ZIP	CHANTILLY VA	
TITLE	D	☐ DELETE
NAME	TANGE, CARLA	
STREET ADDRESS	923 INCLINE WAY	
CITY-ST-ZIP	INCLINE VILLAGE NV	
TITLE	D	☐ DELETE
NAME	LUSVARDI, LAWRENCE	
STREET ADDRESS	923 INCLINE WAY	
CITY-ST-ZIP	INCLINE VILLAGE NV	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] RON DECAPRIO — 2/2/96 — 702 831-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)