FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33130 (6)

1. Corporation Name
CENTER FOR APPLIED LINGUISTICS, INCORPORATED

Principal Place of Business	Mailing Address
1118 22ND ST., N.W. WASHINGTON DC 20037	1118 22ND ST., N.W. WASHINGTON DC 20037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 52-0807619 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

GROGNET, ALLENE G.
4937 LANDINGS COURT
SARASOTA FL 34231

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	MELENDEZ, SARA E.	1.2 NAME	Feinberg, Rosa Castro	
STREET ADDRESS	1118 22ND STREE, N. W.	1.3 STREET ADDRESS	8380 S.W. 90th Street	
CITY-ST-ZIP	WASHINGTON, D. C.	1.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBSON, BARBARA	2.2 NAME		
STREET ADDRESS	1118 22ND STREET, N. W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, D. C.	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	P	☒ Change ☐ Addition
NAME	CHRISTIAN, DONNA	3.2 NAME	Christian, Donna	
STREET ADDRESS	1118 22ND ST., N.W.	3.3 STREET ADDRESS	1118 22nd St., N.W.	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	Washington, D. C. 20037	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, ALAN	4.2 NAME		
STREET ADDRESS	1118 22ND ST., N.W.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	TR	☒ Change ☐ Addition
NAME	ZAMORA, GLORIA	5.2 NAME	Parnam, Peter	
STREET ADDRESS	30875 DEERFIELD TERRACE	5.3 STREET ADDRESS	6510 5th Street, N.W.	
CITY-ST-ZIP	BULVERDE TX	5.4 CITY-ST-ZIP	Washington, D. C. 20012	
TITLE	D	6.1 TITLE	TR	☒ Change ☐ Addition
NAME	CAMPBELL, RUSSELL N.	6.2 NAME	Cambell, Russell N.	
STREET ADDRESS	405 HILGARD AVE.	6.3 STREET ADDRESS	405 Hilgard Avenue	
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	Los Angeles, CA	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan Harrison ALAN HARRISON 3/17/95 202 429 9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #

607B33