

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33130 (6)

1. Corporation Name

CENTER FOR APPLIED LINGUISTICS, INCORPORATED

Principal Place of Business

1118 22ND ST., N.W.
WASHINGTON DC 20037

Mailing Address

1118 22ND ST., N.W.
WASHINGTON DC 20037-12143. Date Incorporated or Qualified
03/12/19913a. Date of Last Report
04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
52-0807619Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROGNET, ALLENE G.
4937 LANDINGS COURT
SARASOTA FL 34231

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TR ~~DELETE~~
NAME FEINBERG, ROSA C
STREET ADDRESS 8380 SW 90TH TERRACE
CITY-ST-ZIP MIAMI FLTITLE S ☐ DELETE
NAME ROBSON, BARBARA
STREET ADDRESS 1118 22ND STREET, N. W.
CITY-ST-ZIP WASHINGTON, D. C.TITLE P ☐ DELETE
NAME CHRISTIAN, DONNA
STREET ADDRESS 1118 22ND ST., NW
CITY-ST-ZIP WASHINGTON DCTITLE T ~~DELETE~~
NAME HARRISON, ALAN
STREET ADDRESS 1118 22ND ST., N.W.
CITY-ST-ZIP WASHINGTON DCTITLE TR ~~DELETE~~
NAME PARNAM, PETER
STREET ADDRESS 6510 5TH STREET, NW
CITY-ST-ZIP WASHINGTON DCTITLE TR ~~DELETE~~
NAME CAMBELL, RUSSELL N
STREET ADDRESS 405 HILGARD AVE
CITY-ST-ZIP LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TR ☐ Change ☒ Addition
1.2 NAME WOODFORD, PROTASE
1.3 STREET ADDRESS 150 CHURCH ROAD
1.4 CITY-ST-ZIP TITUSVILLE, NJ 085602.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME PEYTON, JOY
4.3 STREET ADDRESS 1118 22ND STREET, N.W.
4.4 CITY-ST-ZIP WASHINGTON, D.C. 200375.1 TITLE TR ☐ Change ☒ Addition
5.2 NAME FILLMORE, CHARLES
5.3 STREET ADDRESS 80 EASELIA COURT
5.4 CITY-ST-ZIP ALAMO, CA 945076.1 TITLE TR ☐ Change ☒ Addition
6.2 NAME SNOW, CATHERINE
6.3 STREET ADDRESS HARVARD UNIV. 315 LARSEN HALL
6.4 CITY-ST-ZIP CAMBRIDGE, MASS. 02138

14. I do 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 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, PRESIDENT
IDENTITY REQUIRED

1/30/97

202 429 9292

CP2E037 (9/96)