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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:12

DOCUMENT # **P34302** **(0)**

1. Corporation Name
TURNER EDUCATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
ONE CNN CENTER, BOX 105366 ATLANTA GA 30348-5366	ONE CNN CENTER, BOX 105366 ATLANTA GA 30348-5366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/14/1991**
3a. Date of Last Report: **06/15/1994**

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

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

4. FEI Number: **59-1527667** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	TURNER, R.E.	12 NAME	
STREET ADDRESS	ONE CNN CENTR, BX 105366	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ROWE, GARY	22 NAME	
STREET ADDRESS	ONE CNN CENTR, BX 105366	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	24 CITY ST ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	KORN, STEVEN W.	32 NAME	
STREET ADDRESS	ONE CNN CENTR, BX 105366	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	
TITLE	VTD	41 TITLE	☐ Change ☐ Addition
NAME	PACE, WAYNE H.	42 NAME	
STREET ADDRESS	ONE CNN CENTR, BX 105366	43 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	SHULTZ, CHARLES	52 NAME	
STREET ADDRESS	ONE CNN CENTER, BOX 105366	53 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	TERRY, ALAN R.	62 NAME	
STREET ADDRESS	ONE CNN CENTER, BOX 105366	63 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	64 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)(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.

SIGNATURE: Steven G. Rowe 6/8/95 (404) 827-1561
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

0003417 CF