FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 18 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004182 (1)

1. Corporation Name
HIGHER EDUCATION INFORMATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4040 WEST KENNEDY BLVD. SUITE 687 TAMPA FL 33609	4040 WEST KENNEDY BLVD. SUITE 687 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business
21: 14702 Treeleaf Lane
22 Suite, Apt. #, etc:
23 City & State: Dade City, FL
24 Zip: 33525 25 Country:

2a. Mailing Address
26: P.O. Box 2311
27 Suite, Apt. #, etc:
28 City & State: Saint Leo, FL
29 Zip: 33574 30 Country:

4. FEI Number: 59-3151343 ☐ 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

KOTCHI, EDWARD J
3909 CLEVELAND ST.
APT. 123
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 14702 Treeleaf Lane
83:
84 City: Dade 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: Edward J. Kotchi 5-5-95
(Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	11 TITLE	☒ Change ☐ Addition
NAME	KOTCHI, EDWARD J	12 NAME	
STREET ADDRESS	4040 WEST KENNEDY BLVD. S687	13 STREET ADDRESS	14702 Treeleaf Lane
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Dade City, FL 33525
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	5/18/95 MST
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I/We 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: Edward J. Kotchi, Edward J. Kotchi 5-5-95 904-521-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0204480 CP