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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014388

1. Corporation Name
BERNE UNIVERSITY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 1080 WOLFEBORO FALLS NH 03896
Mailing Address: P.O. BOX 1080 WOLFEBORO FALLS NH 03896

3. Date Incorporated or Qualified: 02/21/1994
4. FEI Number: 02-0478681
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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST.
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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P BERNE, DR. DALE L P.O. BOX 1080 N/A WOLFEBORO FALLS NH
VP BENTLEY, DR. TREVOR 546 SCHENECTADY AVENUE BROOKLYN NY
S BERNE, MR. SCOTT L P.O. BOX 643 N/A WOLFEBORO FALLS NH
DELETED
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE WEAVER, DR. DAVID H.
1.2 NAME
1.3 STREET ADDRESS 29 COLTS GLEN LANE
1.4 CITY-ST-ZIP BASKING RIDGE, N.J. 07920
2.1 TITLE SPADA, MR. PATRICK C.
2.2 NAME
2.3 STREET ADDRESS 20701 WATERS EDGE COURT
2.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33495
3.1 TITLE LEE MR. LEON Y.
3.2 NAME
3.3 STREET ADDRESS 134-30 MAPLE AVE.
3.4 CITY-ST-ZIP FLUSHING, N.Y. 11356
4.1 TITLE SPADA, MR. NICHOLAS A.
4.2 NAME
4.3 STREET ADDRESS 144 VISTA DRIVE
4.4 CITY-ST-ZIP
5.1 TITLE CEDAR KNOLLS, N.J. 07927
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-98 908-224-1725
Date Daytime Phone #

CR2E034 (1/1/98)