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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011851 (8)

NICENE SCHOOLS INTERNATIONAL, INC.

Principal Place of Business Mailing Address NPORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL NORTH, SUITE 400 %PORTER, WRIGHT, MORRIS & ARTHUR 4501 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103-3013 NAPLES FL 33940 02/07/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 21 26

FILED

Apr 24 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report Applied For Not Applicable 65-0649778 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 29 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 WILSON, GARY K 4501 TAMIAMI TRAIL NORTH, SUITE 400 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 84 City Zip Code 85 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 Signature, typed or punted harno of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Addition ☐ DELETE Change TITLE 1.1 TITLE EDGAR, PAUL 1.2 NAME NAME 2032 150 W HIGH ST 1.3 STREET ADDRESS STREET ADDRESS **SOMERSWORTH NH 03878** CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 21 THLE THE BARTELS, WELLINGTON P III 2.2 NAME MARK 150 W HIGH STREET STREET ADDRESS 2.3 STREET ADDRESS SOMERSWORTH NH 03878 2 4 CITY+ST-ZIP CITY - ST-ZIP DELETE Change Addition THILE 3.1 TITLE CLARK, THOMAS III 3.2 NAME 150 W HIGH STREET STREET ADDRESS 3.3 STREET ADDRESS SOMERSWORTH NH 03878 3.4. CITY-ST-ZIP CITY-SI-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME MAME 4.3 STREET ADORESS STREET ACCRESS 4.4 CITY-ST-ZIP City-St-ZiP DELETE Change Addition 5.1 TITLE TITLE NAMi 5.2 NAME STREET ACCURESS 5.3 STREET ADDRESS DIY-SI-ZP 5 4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE THLE 6.2 NAME 6.3 STREET ADDRESS STREET ACCURESS 8.4 CITY-ST-ZIP CHY-ST-ZIP

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 607, Florida Statutes; and that my name