FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 21 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mürtham * Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000040188 (0) DOCUMENT # NCC ASSESSMENT TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3733 LINIVERSITY BLVD. WEST STE 300 3733 UNIVERSITY BLVD. WEST STE 300 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3401663 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. YYes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POLLÁN, IRVING STEPHEN POLLAN 3733 UNIVERSITY BLVD. WEST STE 300 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 3733 UNIVERSITY BLVD WEST STE 300 83 City 84 Zip Code JACKSONVILLE 32217 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 Sych change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and an epit the obligation of Section 607,0505, Florida Statutes SIGNATURE (NO1E: Registered Agent signature required when reinstaling) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE DELETE 1.1 TITLE POLLAN, STEPHEN NAME 1.2 NAME 3733 UNIVERSITY BLVD. WEST STE 300 1.3 STREET ADDRESS STREET ADDRESS Jacksonville fl 32217 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change X V DELETE Addition 2.1 TITLE TITLE POLLAN, IRVING NAME 2.2 NAME 3733 UNIVERSITY BLVD. WEST STE 300 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

11/27/98

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 onthis 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.