


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90006 009 ***150.00

DOCUMENT # V25777 1. Entity Name WARD STONE COLLEGE, INC.	
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Principal Place of Business 6 HUTTON CENTRE DRIVE SUITE 400 SANTA ANA, CA 92707 US	Mailing Address 6 HUTTON CENTRE DRIVE SUITE 400 SANTA ANA, CA 92707 US
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2. Principal Place of Business 6 Hutton Centre Drive Suite, Apt. #, etc. Suite 400 City & State Santa Ana, CA Zip 92707 Country U.S.	3. Mailing Address 6 Hutton Centre Drive Suite, Apt. #, etc. Suite 400 City & State Santa Ana, CA Zip 92707 Country U.S.
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01052004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0302793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEP MOORE, DAVID G 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ST. PIERRE, PAUL R 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Digiovanni 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORTENSEN, STAN A 6 HUTTON CENTRE, SUITE 400 SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BEAL, DENNIS N 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beth Wilson 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVEREUX, DENNIS L 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stan A. Mortensen Date: 1/21/04 (714)424-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stan A. Mortensen, Sr. V.P., General Counsel
& Corporate Secretary