

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25777

FILED
Feb 14, 2008
Secretary of State

Entity Name: WARD STONE COLLEGE, INC.

Current Principal Place of Business:

6 HUTTON CENTRE DRIVE
SUITE 400
SANTA ANA, CA 92707 US

New Principal Place of Business:

Current Mailing Address:

6 HUTTON CENTRE DRIVE
SUITE 400
SANTA ANA, CA 92707 US

New Mailing Address:

FEI Number: 65-0302793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MASSIMINO, JACK
Address: 6 HUTTON CENTRE DR., SUITE 400
City-St-Zip: SANTA ANA, CA 92707

Title: D () Delete
Name: WALLER, PETER
Address: 6 HUTTON CENTRE DR., SUITE 400
City-St-Zip: SANTA ANA, CA 92707

Title: DV () Delete
Name: WILSON, BETH
Address: 6 HUTTON CENTRE, SUITE 400
City-St-Zip: SANTA ANA, CA 92707

Title: VS () Delete
Name: MORTENSEN, STAN A
Address: 6 HUTTON CENTRE DR., SUITE 400
City-St-Zip: SANTA ANA, CA 92707

Title: TAS () Delete
Name: OWEN, ROBERT
Address: 6 HUTTON CENTRE DRIVE, STE 400
City-St-Zip: SANTA ANA, CA 92707

Title: EVP () Delete
Name: ORD, KENNETH S
Address: 6 HUTTON CENTRE DRIVE, STE 400
City-St-Zip: SANTA ANA, CA 92707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: WALLER, PETER
Address: 6 HUTTON CENTRE DR., SUITE 400
City-St-Zip: SANTA ANA, CA 92707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN MORTENSEN

VS

02/14/2008

Electronic Signature of Signing Officer or Director

_____ Date