FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 8:24

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V60701 **(2)**

1. Corporation Name

WALDEN UNIVERSITY, INC.

Principal Place of Business	Mailing Address
801 ANCHOR RODE DRIVE NAPLES FL 33940 US	801 ANCHOR RODE DRIVE NAPLES FL 33940 US

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 02/08/1994

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:

4. FEI Number: 65-0353783 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

KONZAK, JEFF M
267 LELY BEACH BOULEVARD
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Jeffrey W. Konzak
82 Street Address (P.O. Box Number is Not Acceptable): % Walden University, Inc.
83: 801 Anchor Rode Drive
84 City: Naples FL 85 Zip Code: 33940

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] DATE: 3/30/95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	C/D ☐ Change XX Addition
NAME	DILLEY, FRANK B.	12 NAME	Ackerman, Don E.
STREET ADDRESS	UNIVERSITY OF DELAWARE	13 STREET ADDRESS	801 Anchor Rode Drive
CITY-ST-ZIP	NEWARK DE	14 CITY-ST-ZIP	Naples, FL 33940
TITLE	P	21 TITLE	P/D X Change ☐ Addition
NAME	DRAKE, GLENDON F. PH.	22 NAME	Palmer, Dave R
STREET ADDRESS	155 S. FIFTH AVENUE	23 STREET ADDRESS	155 Fifth Ave. So.
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP	Minneapolis, MN 55401
TITLE	D	31 TITLE	V ☐ Change XX Addition
NAME	COTE, KATHLEEN A	32 NAME	Morrison, James K.
STREET ADDRESS	500 OLD CONNECTICUT PATH	33 STREET ADDRESS	155 Fifth Ave. So.
CITY-ST-ZIP	FRAMINGHAM MA	34 CITY-ST-ZIP	Minneapolis, MN 55401
TITLE	D	41 TITLE	D ☐ Change X Addition
NAME	HODGKINSON, HAROLD L	42 NAME	Coppens, Thomas
STREET ADDRESS	1001 CONNECTICUT NW #310	43 STREET ADDRESS	6075 Pelican Bay Blvd.
CITY-ST-ZIP	WASHINGTON DC 20036	44 CITY-ST-ZIP	Naples, FL 33963
TITLE	V	51 TITLE	D ☐ Change XX Addition
NAME	KONZAK, JEFFREY W	52 NAME	Landry, Lawrence
STREET ADDRESS	801 ANCHOR RODE DRIVE	53 STREET ADDRESS	140 South Dearborn St. #1100
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	Chicago, IL 60603-5285
TITLE	D	61 TITLE	D ☐ Change X Addition
NAME	TURNER, RITA	62 NAME	Turner, Bernard L.
STREET ADDRESS	801 ANCHOR ROAD DRIVE	63 STREET ADDRESS	801 Anchor Rode Drive
CITY-ST-ZIP	NAPLES FL 33940	64 CITY-ST-ZIP	Naples, FL 33940

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 3/30/95 (813) 261-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0987819 CP