FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **08/28/1992**

3a. Date of Last Report: **04/04/1995**

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KONZAK, JEFF M
C/O WALDEN UNIVERSITY INC.
801 ANCHOR RODE DRIVE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 printed name of registered agent, and title if applicable) (Date) (Required if Agent is changing) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DILLEY, FRANK B.	
STREET ADDRESS	UNIVERSITY OF DELAWARE	
CITY-ST-ZIP	NEWARK DE	
TITLE	PD	☐ DELETE
NAME	PALMER, DAVE R	
STREET ADDRESS	155 FIFTH AVE. SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	☐ DELETE
NAME	COTE, KATHLEEN A	
STREET ADDRESS	500 OLD CONNECTICUT PATH	
CITY-ST-ZIP	FRAMINGHAM MA	
TITLE	D	☐ DELETE
NAME	HODGKINSON, HAROLD L	
STREET ADDRESS	1001 CONNECTICUT NW #310	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	V	☐ DELETE
NAME	KONZAK, JEFFREY W	
STREET ADDRESS	801 ANCHOR RODE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ DELETE
NAME	TURNER, RITA	
STREET ADDRESS	801 ANCHOR ROAD DRIVE	
CITY-ST-ZIP	NAPLES FL 33940	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	SOLOMAN, BARBARA	
1.3 STREET ADDRESS	ADM 202 UNIVERSITY PARK	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90089-4019	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	IBARRA, ROBERT	
2.3 STREET ADDRESS	117 BASCOM HALL, 500 LINCOLN DR.	
2.4 CITY-ST-ZIP	MADISON, WI 53706	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	COTE, KATHLEEN A.	
3.3 STREET ADDRESS	100 CROSBY DRIVE, MAIL DROP 21-54	
3.4 CITY-ST-ZIP	BEDFORD, MA 01730	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 4/15/96 941-261-7277

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