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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

801 ANCHOR RODE DRIVE  
NAPLES FL 33940  
US

Mailing Address

801 ANCHOR RODE DRIVE  
NAPLES FL 34103-2751  
US

3. Date Incorporated or Qualified  
08/28/1992

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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. W.  
C/O WALDEN UNIVERSITY INC.  
801 ANCHOR RODE DRIVE  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

KONZAK, JEFF W. (CURRENT MIDDLE INITIAL)

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 of person providing name of registered agent and title if applicable

JEFF KONZAK, Vice President

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DILLEY, FRANK B.  
STREET ADDRESS UNIVERSITY OF DELAWARE  
CITY-ST-ZIP NEWARK DE

TITLE PD  
NAME PALMER, DAVE R  
STREET ADDRESS 155 FIFTH AVE. SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

TITLE D  
NAME COTE, KATHLEEN A  
STREET ADDRESS 100 CROSBY DR, MAIL DR 21-54  
CITY-ST-ZIP BEDFORD MA

TITLE D  
NAME HODGKINSON, HAROLD L  
STREET ADDRESS 1001 CONNECTICUT NW #310  
CITY-ST-ZIP WASHINGTON DC 20036

TITLE V  
NAME KONZAK, JEFFREY W  
STREET ADDRESS 801 ANCHOR RODE DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME SOLOMAN, BARBARA  
STREET ADDRESS ADM 202 UNIVERSITY PARK  
CITY-ST-ZIP LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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

CR2E034 (9/96)