SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 24311 WALDEN CENTER DR.	26 24311 WALDEN CENTER DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BONITA SPRINGS, FL	28 City & State: BONITA SPRINGS, FL
24 Zip: 34134 25 Country: U.S.	29 Zip: 34134 30 Country: U.S.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KONZAK, JEFF W C/O WALDEN UNIVERSITY INC. 801 ANCHOR RODE DRIVE NAPLES FL 33940	81 Name: KONZAK, JEFF W. 82 Street Address (P.O. Box Number is Not Acceptable): C/O WALDEN UNIVERSITY, INC. 83: 24311 WALDEN CENTER DRIVE 84 City: BONITA SPRINGS FL 85 Zip Code: 34134

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 _____ DATE
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	☐ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	DILLEY, FRANK B.		1.2 NAME	ACKERMAN, DON	
STREET ADDRESS	UNIVERSITY OF DELAWARE		1.3 STREET ADDRESS	24311 WALDEN CENTER DR.	
CITY-ST-ZIP	NEWARK DE		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	PD	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	PALMER, DAVE R		2.2 NAME	MORRISON, KENT	
STREET ADDRESS	155 FIFTH AVE. SOUTH		2.3 STREET ADDRESS	155 FIFTH AVE. SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55401	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COTE, KATHLEEN A		3.2 NAME	IBARRA, ROB	
STREET ADDRESS	100 CROSBY DR, MAIL DR 21-54		3.3 STREET ADDRESS	UNIVERSITY of WISCONSIN	
CITY-ST-ZIP	BEDFORD MA		3.4 CITY-ST-ZIP	500 LINCOLN DR.-MADISON, WI 53706	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HODGKINSON, HAROLD L		4.2 NAME	NAPLES, CAESAR	
STREET ADDRESS	1001 CONNECTICUT NW #310		4.3 STREET ADDRESS	816B North JUANITA AVE.	
CITY-ST-ZIP	WASHINGTON DC 20036		4.4 CITY-ST-ZIP	REDONDO BEACH, CA. 90277	
TITLE	V	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KONZAK, JEFFREY W		5.2 NAME	HOLADAY, BART	
STREET ADDRESS	801 ANCHOR RODE DRIVE		5.3 STREET ADDRESS	209 S. LASALLE	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Chicago, IL 60604-1895	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SOLOMAN, BARBARA		6.2 NAME	COTE, KATHLEEN A	
STREET ADDRESS	ADM 202 UNIVERSITY PARK		6.3 STREET ADDRESS	58 North St.	
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP	LEXINGTON, MA 02173	

CR2E034 (5/98)

14. 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 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] REQUIRED 8/13/98 (941) 498-4700