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
801 ANCHOR RODE DRIVE
NAPLES FL 33940
US

Mailing Address
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
21 24311 WALDEN CENTER DR.
22 Suite, Apt. #, etc.
23 City & State: BONITA SPRINGS, FL
24 Zip: 34134
25 Country: U.S.

2a. Mailing Address
26 24311 WALDEN CENTER DR
27 Suite, Apt. #, etc.
28 City & State: BONITA SPRINGS, FL
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
KONZAK, JEFF 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.
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	100 CROSBY DR, MAIL DR 21-54	
CITY-ST-ZIP	BEDFORD 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	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	C	☐ Change ☒ Addition
1.2 NAME	ACKERMAN, DON	
1.3 STREET ADDRESS	24311 WALDEN CENTER DR.	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	MORRISON, KENT	
2.3 STREET ADDRESS	155 FIFTH AVE. SOUTH	
2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55401	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	IBARRA, ROB	
3.3 STREET ADDRESS	UNIVERSITY of WISCONSIN	
3.4 CITY-ST-ZIP	500 LINCOLN DR.-MADISON, WI 53706	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	NAPLES, CAESAR	
4.3 STREET ADDRESS	816B North JUANITA AVE.	
4.4 CITY-ST-ZIP	REDONDO BEACH, CA. 90277	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	HOLADAY, BART	
5.3 STREET ADDRESS	209 S. LASALLE	
5.4 CITY-ST-ZIP	Chicago, IL 60604-1295	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	COTE, KATHLEEN A	
6.3 STREET ADDRESS	58 North St.	
6.4 CITY-ST-ZIP	LEXINGTON, MA 02173	

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: [illegible] REQUIRED 8/13/98 (941) 498-4700

CR2E034 (5/98)