

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001312 (7)**

1. Corporation Name

JURAN INSTITUTE, INC.



Principal Place of Business

Mailing Address

11 RIVER ROAD
WILTON CT 06897

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WILTON CT 06897

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

04/17/1995

4. FEI Number

13-2982872

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301**

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 of the receiver, trustee or liquidator of the corporation)

(Signature of Registered Agent or signature representative)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	GODFREY, A B	
STREET ADDRESS	11 RIVER ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLACKISTON, G H	
STREET ADDRESS	11 RIVER ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JURAN, JOSEPH M	
STREET ADDRESS	11 RIVER ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JURAN, CHARLES E	
STREET ADDRESS	HC-30, BOX 1240	
CITY-ST-ZIP	PRESCOTT AZ 86301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERWICK, DONALD M	
STREET ADDRESS	1 EXETER PLAZA	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEHRENDT, PETER D	
STREET ADDRESS	1685 38TH STREET	
CITY-ST-ZIP	BOULDER CO 80301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	135 Francis Street
54 CITY-ST-ZIP	Boston, MA 02215
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	Laura E. Halloran
64 CITY-ST-ZIP	11 River Road Wilton, CT 06897

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: *Robert E. Wilson* Secretary February 9, 1996 203 761-1601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

CR2E034 (12/95)