

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90035 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000001312

1. Corporation Name
JURAN INSTITUTE, INC.



Principal Place of Business Mailing Address
 11 RIVER ROAD 11 RIVER ROAD
 WILTON CT 06897 WILTON CT 06897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1994

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

4. FEI Number Applied For
13-2982872 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ 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	COBD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODFREY, A B	1.2 NAME	David G. Bluestein
STREET ADDRESS	11 RIVER ROAD	1.3 STREET ADDRESS	25 Wild Turkey Court
CITY-ST-ZIP	WILTON CT 06897	1.4 CITY-ST-ZIP	Ridgefield, CT 06877
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKISTON, G H	2.2 NAME	John G. Higgins
STREET ADDRESS	11 RIVER ROAD	2.3 STREET ADDRESS	5008 N. Meadow Ridge Drive
CITY-ST-ZIP	WILTON CT 06897	2.4 CITY-ST-ZIP	McKinney, TX 75070
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURAN, JOSEPH M	3.2 NAME	W. Frank Jones
STREET ADDRESS	11 RIVER ROAD	3.3 STREET ADDRESS	4 McCrea Lane
CITY-ST-ZIP	WILTON CT 06897	3.4 CITY-ST-ZIP	Darien, CT 06820
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURAN, CHARLES E	4.2 NAME	Harvey Dershin
STREET ADDRESS	8186 RED OAK ROAD	4.3 STREET ADDRESS	11 River Road
CITY-ST-ZIP	PRESCOTT AZ	4.4 CITY-ST-ZIP	Wilton, CT 06897
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFEQ, JOSEPH A	5.2 NAME	
STREET ADDRESS	11 RIVER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT 06897	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALL, GABRIEL A.	6.2 NAME	
STREET ADDRESS	11 RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Wilson, Secretary
 26 January 1999 203 761-1601
Date Daytime Phone #

CORPORATE 1/1/00

810 1400-70000-30
F94000001312

Juran Institute, Inc.
11 River Road, Wilton, CT 06897

Addendum to Item 12 - Complete Listing of Officers & Directors

Title Name Address	Chairman of Board of Directors A. Blanton Godfrey 11 River Rd. Wilton, CT 06897	Title Name Address	Director Harvey Dershin 11 River Road Wilton, CT 06897
Title Name Address	President, Director G. Howland Blackiston 11 River Rd Wilton, CT 06897	Title Name Address	Secretary Robert E. Wilson 11 River Road. Wilton, CT 06897
Title Name Address	Director Joseph M. Juran 11 River Rd. Wilton, CT 06897		
Title Name Address	Director Charles E. Juran 8186 Red Oak Rd. Prescott, AZ 86301		
Title Name Address	Director Joseph A. DeFeo 11 River Rd. Wilton, CT 06897		
Title Name Address	Director William H. Elliott 474 North Lake Shore Drive Chicago, IL 60611		
Title Name Address	Director Frank J. Pipp 36 Trails End Rd. Wilton, CT 06897		
Title Name Address	Director David G. Bluestein 25 Wild Turkey Court Ridgefield, CT 06877		
Title Name Address	Director John G. Higgins 5008 N. Meadow Ridge Circle McKinney, TX 75070		
Title Name Address	Director W. Frank Jones 4 McCrea Lane Darien, CT 06820		