

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90301 023 \*\*\*150.00

**DOCUMENT # F94000001312**

1. Entity Name  
**JURAN INSTITUTE, INC.**

Principal Place of Business <b>11 RIVER ROAD WILTON CT 06897</b>	Mailing Address <b>11 RIVER ROAD WILTON CT 06897</b>
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2. Principal Place of Business <b>115 Old Ridgefield Rd.</b>	3. Mailing Address <b>P.O. Box 811</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Wilton, CT</b>	City & State <b>Wilton, CT</b>	4. FEI Number <b>13-2982872</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>06897-0811</b>	Country <b>US</b>	Zip <b>06897-0811</b>	Country <b>US</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS STREET, SUITE 2**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD GODFREY, A B 11 RIVER ROAD WILTON CT 06897</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JURAN, JOSEPH M 11 RIVER ROAD WILTON CT 06897</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JURAN, CHARLES E 8186 RED OAK ROAD PRESCOTT AZ</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEFEO, JOSEPH A 11 RIVER RD WILTON CT 06897</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILSON, ROBERT E 11 RIVER RD. WILTON CT 06897</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Godfrey, A. Blanton 92 Keelers Ridge Wilton, CT 06897</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>115 Old Ridgefield Rd. Wilton, CT 06897-0811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>115 Old Ridgefield Rd. Wilton, CT 06897-0811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>115 Old Ridgefield Rd. Wilton, CT 06897-0811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Wilson **Robert E. Wilson** 01/24/2001 203 761-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
A0017029

Juran Institute, Inc.  
115 Old Ridgefield Road, Wilton, CT 06897-0811

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Addendum to Item 12 - Complete Listing of Officers & Directors

Title Director  
President  
Name Joseph A. DeFeo  
Address Juran Institute, Inc.  
115 Old Ridgefield Road  
Wilton, CT 06897-0811

Title Director  
Name Joseph M. Juran  
Address Juran Institute, Inc.  
115 Old Ridgefield Road  
Wilton, CT 06897-0811

Title Director  
Name Charles E. Juran  
Address 8186 Red Oak Rd.  
Prescott, AZ 86301

Title Director  
Name William H. Elliott  
Address 800 North Michigan Avenue, #2801  
Chicago, IL 60611

Title Director  
Name David G. Bluestein  
Address 25 Wild Turkey Court  
Ridgefield, CT 06877

Title Director  
Name W. Frank Jones  
Address 4 McCrea Lane  
Darien, CT 06820

Title Director  
Name A. Blanton Godfrey  
Address 92 Keelers Ridge  
Wilton, CT 06897

Title Secretary  
Name Robert E. Wilson  
Address Juran Institute, Inc.  
115 Old Ridgefield Road  
Wilton, CT 06897-0811

Attachment  
A0017029

Juran Institute, Inc.  
115 Old Ridgefield Road, Wilton, CT 06897-0811

Addendum to Item 13 - Additions/Changes to Officers & Directors in 12

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Deletions to Officers & Directors not Shown in Item 12

Title	Director
Name	Harvey Dershin
Address	Juran Institute, Inc. 11 River Road Wilton, CT 06897

Title	Director
Name	John G. Higgins
Address	18725 North Dallas Parkway, Apt. #825 Dallas, TX 75287