

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

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**Mar 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000003118 (4)**

1. Corporation Name  
**EDUCAID INC.**



Principal Place of Business: **3301 C STREET, SUITE 200 SACRAMENTO CA 95816**  
Mailing Address: **3301 C STREET, SUITE 200 SACRAMENTO CA 95816-3300**

3. Date Incorporated or Qualified: **06/20/1996**      3a. Date of Last Report: **N/A**  
4. FEI Number: **22-3400682**      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

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
22. City & State: **23** **Sacramento, CA**  
24. Zip: **25** **95816-0408**      Country: **28** **USA**

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, MARC	
STREET ADDRESS	3301 "C" STREET, SUITE 100-M	
CITY - ST - ZIP	SACRAMENTO CA 95816	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	EBER, PAUL	
STREET ADDRESS	3301 "C" STREET, SUITE 100-A	
CITY - ST - ZIP	SACRAMENTO CA 95816	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REEVES, JOHN	
STREET ADDRESS	3301 "C" STREET, SUITE 100-B	
CITY - ST - ZIP	SACRAMENTO CA 95816	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, ALAN	
STREET ADDRESS	2840 MORRIS AVENUE	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DEAR, MORTON	
STREET ADDRESS	2840 MORRIS AVENUE	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MEDICI, ANTHONY R	
STREET ADDRESS	2840 MORRIS AVENUE	
CITY - ST - ZIP	UNION NJ 07083	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>T Puglisi, Harry</b>
6.3 STREET ADDRESS	<b>2840 Morris Avenue</b>
6.4 CITY - ST - ZIP	<b>Union, NJ 07083</b>

14. I do 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:** *Paul R. Eber*      **Paul R. Eber, Exec. Vice Pres., 1-21-97, (916) 446-1626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)