


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

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

05-17-1999 90049 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000003118
 1. Corporation Name
EDUCAID INC.

Principal Place of Business Mailing Address

3301 C Street, Suite 200 P.O.Box 160408
 Sacramento, CA 95816 Sacramento, CA 95816-0408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-3400682	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301-2525				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Turtletaub, Marc			1.2 NAME			
STREET ADDRESS	707 Third Street			1.3 STREET ADDRESS	707 Third Street		
CITY-ST-ZIP	West Sacramento, CA 95816			1.4 CITY-ST-ZIP	West Sacramento, CA 95605		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Eber, Paul R.			2.2 NAME			
STREET ADDRESS	3301 C Street, Suite 100M			2.3 STREET ADDRESS	3301 C Street, Suite 100M		
CITY-ST-ZIP	Sacramento, CA 95816			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Reeves, John A.			3.2 NAME			
STREET ADDRESS	3301 C Street, Suite 100M			3.3 STREET ADDRESS	3301 C Street, Suite 100M		
CITY-ST-ZIP	Sacramento, CA 95816			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	Jerry M. Miller, Jr.		
STREET ADDRESS				4.3 STREET ADDRESS	301 South College St., 32nd Floor		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Charlotte, NC 28288-0630		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	Arthur Q. Lyon		
STREET ADDRESS				5.3 STREET ADDRESS	707 Third Street		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	West Sacramento, CA 95605		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	William Templeton		
STREET ADDRESS				6.3 STREET ADDRESS	707 Third Street		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	West Sacramento, CA 95605		

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: Paul R. Eber Paul R. Eber, Executive Vice President 916-554-8550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)