

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90078 001 ***300.00

DOCUMENT #: F96000003118

1. Entity Name
ClassNotes Inc.

Principal Place of Business Mailing Address

3301 C Street, Suite 100M **3301 C Street, Suite 100M**
Sacramento, CA 95816 **Sacramento, CA 95816**

2. Principal Place of Business 3. Mailing Address

3301 C Street, Suite 100M **3301 C Street, Suite 100M**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sacramento, CA 95816 **Sacramento, CA 95816**

Zip Country Zip Country

4. FEI Number Applied For

22-3400682 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

10389

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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, 2000 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**

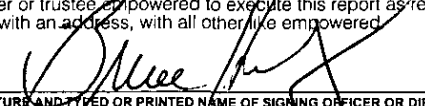
11. OFFICERS AND DIRECTORS

TITLE President	<input type="checkbox"/> Delete
NAME John A. Reeves	
STREET ADDRESS 3301 C Street, Suite 100M	
CITY-ST-ZIP Sacramento, CA 95816	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Jerry M. Miller, Jr.	
STREET ADDRESS 301 South College Street	
CITY-ST-ZIP Charlotte, NC 28288	
TITLE Treasurer	<input type="checkbox"/> Delete
NAME Arthur Q. Lyon	
STREET ADDRESS 707 3rd Street	
CITY-ST-ZIP West Sacramento, CA 95605	
TITLE Senior Vice President	<input type="checkbox"/> Delete
NAME Bruce Hurwitz	
STREET ADDRESS 707 3rd Street	
CITY-ST-ZIP West Sacramento, CA 95605	
TITLE Director	<input type="checkbox"/> Delete
NAME James E. Maynor	
STREET ADDRESS 707 3rd Street	
CITY-ST-ZIP West Sacramento, CA 95605	
TITLE Director	<input type="checkbox"/> Delete
NAME Christopher Oddleifson	
STREET ADDRESS 1000 Louis Rose Place	
CITY-ST-ZIP Charlotte, NC 28288	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information contained in 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:  **Bruce Hurwitz** 2/17/00 (916) 617-2610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)