


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90418 026 ***150.00

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1. Entity Name
EDISON SCHOOLS INC.



Principal Place of Business
**521 FIFTH AVENUE
 NEW YORK, NY 10175**

Mailing Address
**521 FIFTH AVENUE
 NEW YORK, NY 10175**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04182007 Chg-P CR2E034 (12/06)

4. FEI Number
13-3915075

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SCHMIDT, BENNO C JR	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10175	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, H. CHRISTOPHER	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10175	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESHBAUGH, LAURA K	
STREET ADDRESS	550 MAIN STREET SUITE 366	
CITY-ST-ZIP	KNOXVILLE, TN 37902	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAFF, DAVID A	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10175	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CERF, CHRISTOPHER D	
STREET ADDRESS	521 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10175	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSH, YVONNE	
STREET ADDRESS	521 FIFTH AVENUE, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice Chairman/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman/Director	<input checked="" 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	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terrence L Stecz	
STREET ADDRESS	521 Fifth Avenue	
CITY-ST-ZIP	New York, N.Y. 10175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. P. [Signature] Chris Cerini 4/18/07 212-419-1703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #