## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State 02-08-2007 90059 006 \*\*\*150.00 DOCUMENT # F00000006193 1. Entity Name EDSOLUTIONS, INC. Principal Place of Business Mailing Address 40012461 1250 4TH STREET 1250 4TH STREET SUITE 550 SUITE 550 SANTA MONICA, CA 90401 SANTA MONICA, CA 90401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 01112007 CR2E034 (12/06) City & State 4. FEI Number . City & State Applied For 62-1800604 Not Applicable \$8.75 Additional Zio Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CT CORPORATION** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. Signature Typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEOD Delete TITLE Change ☐ Addition TITLE HEYMANN, THOMAS A NAME 1250 4TH STREET.6TH FL STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SANTA MONICA, CA 90401 CITY-ST-ZIF TITLE SD ☐ Defete TITLE ☐ Change ☐ Addition MARON, STANLEY NAME NAME STREET ADDRESS 1250 4TH STREET.6TH FL STREET ACCRESS CITY - ST- ZIP SANTA MONICA, CA 90401 CITY-ST-ZIE CFO ☐ Change K Delete TITI F CFO Addition TITLE JACKSON, DAN R NAME NAME Mark Moreland STREET ADDRESS 650 NE HOLLADAY, SUITE 1400 STREET ADDRESS 650 NE Holladay, Suite 1400 Portland, OR 97232 CITY-ST-ZIP CITY - ST-ZIP PORTLAND, OR 97232 TITLE Delete TITLE ☐ Change ☐ Addition YALOW, ELANNA S NAME NAME STREET ADDRESS 4340 REDWOOD HWY BLDG B STREET ADDRESS CITY -ST-ZIP SAN RAFAEL, CA 94903 CITY - ST - ZIP TITLE Change ☐ Addition Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 ceport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or pushee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STANLEY E. MARON

Davime Phone 8

address, with all other like empowered nu

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment w

SIGNATURE:

FILED Feb 08, 2007 8:00 am

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DOCUMENT # F00QQQ006193  1. Entity Name EDSOLUTIONS, INC.							ATTACHMENT					
Principal Place of Business 1250 4TH STREET SUITE 550 SANTA MONICA, CA 90401			Mailing Address 1250 4TH STREET SUITE 550 SANTA MONICA, CA 90401				4	0012	46	1		
2. Principal	Place of Busi	ness - No P.O. Box #	3. Mailing Address				······································	4-		ali		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112007	Chg-P	CR2E03	14 (12/06)		
City & State			City & State		4. FEI Number 62-1800604				No	oplied For ot Applicable		
Zip 		Country and Address of Current F	Zip	Coun	ntry 		5. Certificate		Fee Required			
<del></del>		7. Name and Address of New Registered Agent Name										
CT CORP 1200 SOL PLANTAT	TH PINE	ISLAND ROAD		Street Address			(P.O. Box Number is Not Acceptable)					
	,				City				FL	Zip Cod	e	
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 obtications of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  QATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees												
10. TITLE	CEOD	OFFICERS AND D	DIRECTORS  Delete	11.			ADDITIONS	/CHANGES TO OFF		DIRECTORS  Change		
NAME STREET ADDRESS CITY-ST-ZIP	HEYMANN, THOMAS A 1250 4TH STREET, 6TH FL STR									Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•				Change Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					i	650 NE HOLIAday. Suite (400)						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ELANNA S WOOD HWY,BLDG B AEL, CA 94903	☐ Delete			P		, , , , , , , , , , , , , , , , , , ,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1			_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete							Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier and accurate and that must 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 the secure 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 all other like empowered.												
SIGNAT	SIGNATURE: STANLEY E. MARON 2-2-07  SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date											