

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90005 016 \*\*\*150.00

**DOCUMENT # F00000007068**

1. Entity Name

**E-DUCTION, INC.**

Principal Place of Business

**TWO VALLEY SQUARE  
 512 TOWNSHIP LINE ROAD, SUITE 100  
 BLUE BELL PA 19422**

Mailing Address

**TWO VALLEY SQUARE  
 512 TOWNSHIP LINE ROAD, SUITE 100  
 BLUE BELL PA 19422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

**23-3055512**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO** ☐ Delete  
 NAME **WATKINS, KIRK E**  
 STREET ADDRESS **512 TOWNSHIP LINE ROAD, SUITE 100**  
 CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **BUNDY, CAROLYN A**  
 STREET ADDRESS **512 TOWNSHIP LINE ROAD, SUITE 100**  
 CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **COLLINS, THOMAS P.**  
 STREET ADDRESS **512 TOWNSHIP LINE ROAD, SUITE 100**  
 CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **HOLBROOK, JERRY**  
 STREET ADDRESS **512 TOWNSHIP LINE ROAD, SUITE 100**  
 CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **HECKMAN, WILLIAM**  
 STREET ADDRESS **512 TOWNSHIP LINE ROAD, SUITE 100**  
 CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **STINE, THOMAS**  
 STREET ADDRESS **1814 SAUCON VALLEY ROAD**  
 CITY-ST-ZIP **BETHLEHEM PA 18015**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 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:

**WILLIAM P. HECKMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/17/01**

**302-371-5106**

CR2E034 (5/01)

SECTION, INC.

ee: Department of State

Uniform Business Report  
Doc #F00000007068

Attachment  
A070685 3153  
03/09/01  
D#F00000007068

**e-Duction, Inc.**

TWO VALLEY SQUARE, SUITE 100  
512 TOWNSHIP LINE ROAD  
BLUE BELL, PA 19422

SILICON VALLEY BANK  
3003 TASMAN DRIVE  
SANTA CLARA, CA 95054

90-4039/1211

CHECK NO.

3153

3153

DATE

AMOUNT

\*\*\*\*\* One Hundred Fifty & 00/100 Dollars

03/09/01

\*\*\*\*\*150.00

HE  
ER

Department of State

**NON - NEGOTIABLE**

AUTHORIZED SIGNATURE

⑈003153⑈ ⑆121140399⑆ 3300229623⑈

uction, Inc.

ee: Department of State

Uniform Business Report  
Doc #F00000007068

3153  
03/09/01

*We filed our return on time. Check 3153  
was never cashed. We will stop payment  
and replace it with check 3914.*

*Walt Lamb.*

3153