


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90031 004 ***150.00

DOCUMENT # F03000000343

1. Entity Name
K12 INC.



Principal Place of Business
**1250 FOURTH STREET, STE. 550
 SANTA MONICA CA 90401**

Mailing Address
**1250 FOURTH STREET, STE. 550
 SANTA MONICA CA 90401**

2. Principal Place of Business
**8000 Westpark Dr.
 Suite 500
 McLean VA**

3. Mailing Address
**8000 Westpark Dr.
 Suite 500
 McLean VA**

4. FEI Number **95-4774688** Applied For Not Applicable

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



MOORE CR2E034 (11/03)

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENNETT, WILLIAM J 1250 FOURTH STREET, STE. 550 SANTA MONICA CA 90401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO EISCHEID, THEODORE 1250 FOURTH STREET, STE. 550 SANTA MONICA CA 90401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KYMAN, DAVID S 1250 FOURTH STREET, STE. 550 SANTA MONICA CA 90401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD PACKARD, RONALD J 1250 FOURTH STREET, STE. 550 SANTA MONICA CA 90401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLDREN, JOHN 1250 FOURTH STREET, STE. 550 SANTA MONICA CA 90401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAXBERG, BROR 1250 FOURTH STREET, STE. 550 SANTA MONICA CA 90401 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bennett William 8000 Westpark Dr. Ste 500 McLean VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VCFO GENE MEXEN 8000 Westpark Dr. Ste 500 McLean VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO Richard Rasmussen 8000 Westpark Dr. Ste 500 McLean VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOLDREN, JOHN 8000 Westpark Dr. Ste 500 McLean VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAXBERG, BROR 8000 Westpark Dr. Ste 500 McLean VA 22102

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gene Meken CEO 2/5/04**

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