2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-25-2005 90038 021 ***150.00

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DOCUMENT # F03000000343

1. Entity Name
K12 INC.

Principal Place of Business	Mailing Address
8000 WESTPARK DR. STE. 500 MC LEAN, VA 22102	8000 WESTPARK DR. STE. 500 MC LEAN, VA 22102

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8000 WESTPARK DR. Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03072005 Chg-P CR2E034 (10/03)

4. FEI Number 95-4774688 ☐ 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. 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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BENNETT, WILLIAM J 8000 WESTPARK DR., STE. 500 MC LEAN, VA 22102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO MEXEN, GENE 8000 WESTPARK DR., STE. 500 MC LEAN, VA 22102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCFO BAULE, JOHN 8000 WESTPARK DR. STE. 500 MCLEAN, VA 22102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO RASMUS, RICHARD 8000 WESTPARK DR., STE. 500 MC LEAN, VA 22102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RASMUS, RICHARD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLDREN, JOHN 8000 WESTPARK DR., STE. 500 MC LEAN, VA 22102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAXBERG, BROR 8000 WESTPARK DR., STE. 500 MC LEAN, VA 22102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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