

FD3000000343

CORPORATION(S) NAME

K12, Inc.

W 02-235389

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign qualification | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC | <input type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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02 AUG 14 PM 12:33

RECEIVED

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

8/14/02

Order#: 5519464

700007113517--5

-08/15/02--01040--007

Ref#: ***1150.00 ***1150.00

Amount: \$ _____

700007113517--5

-08/14/02--01058--029

*****78.75 *****78.75

8y

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

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 DIVISION OF CORPORATIONS

12/8/15



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 14, 2002

CT SYSTEM

SUBJECT: K12 INC.
Ref. Number: W02000023539

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02 AUG 15 AM 11:34
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We have received your document for K12 INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

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Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 702A00048231

Additional monies attached. Please backdate and file.

Thanks!

*Laura@CT
222-1092*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. K12 INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 95-4774688
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/28/1999 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 09/01/2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 844 MORAGA DRIVE, LOS ANGELES, CA 90049
(Principal office address)
- same
(Current mailing address)

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8. EDUCATION AND ASSESSMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Connie Bryan
(Registered agent's signature) **CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: WILLIAM J. BENNETT

Address: 844 MORAGA DRIVE

LOS ANGELES, CA 90049

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: _____

Address: _____

Vice President: THEODORE EISCHEID

Address: 844 MORAGA DRIVE

LOS ANGELES, CA 90049

Secretary: DAVID S. KYMAN

Address: 844 MORAGA DRIVE LOS ANGELES, CA 90049

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID S. KYMAN, Secretary

(Typed or printed name and capacity of person signing application)

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Attachment to Florida

Officers & Directors

- 1. Full Name: WILLIAM J. BENNETT
 Officer/Director: Officer, Director
 Officer's Title: Chairman
 Director's Title: Chairman
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

- 2. Full Name: RONALD J. PACKARD
 Officer/Director: Officer, Director
 Officer's Title: Chief Executive Officer
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

- 3. Full Name: THEODORE EISCHEID
 Officer/Director: Officer
 Officer's Title: SR. VP and Chief Financial Officer
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

- 4. Full Name: JOHN HOLDREN
 Officer/Director: Officer
 Officer's Title: SR. VP of Curriculum
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

- 5. Full Name: BROR SAXBERG
 Officer/Director: Officer
 Officer's Title: SR. VP of Systems and Services Delivery
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

- 6. Full Name: MARY C. DESROSIERS
 Officer/Director: Officer
 Officer's Title: VP of Systems Services and Operations
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

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7. Full Name: GREGG VANOUREK
Officer/Director: Officer
Officer's Title: VP of Charter School Division
Business Address: 844 MORAGA DRIVE
City: LOS ANGELES
State: CA
ZIP Code: 90049
8. Full Name: KEN STICKEVERS
Officer/Director: Officer
Officer's Title: VP of Marketing
Business Address: 844 MORAGA DRIVE
City: LOS ANGELES
State: CA
ZIP Code: 90049
9. Full Name: DAVID S. KYMAN
Officer/Director: Officer
Officer's Title: Secretary
Business Address: 844 MORAGA DRIVE
City: LOS ANGELES
State: CA
ZIP Code: 90049
10. Full Name: HERMAN BADILLO
Officer/Director: Director
Business Address: 844 MORAGA DRIVE
City: LOS ANGELES
State: CA
ZIP Code: 90049
11. Full Name: CHESTER FINN
Officer/Director: Director
Business Address: 844 MORAGA DRIVE
City: LOS ANGELES
State: CA
ZIP Code: 90049
12. Full Name: GEORGE GILDER
Officer/Director: Director
Business Address: 844 MORAGA DRIVE
City: LOS ANGELES
State: CA
ZIP Code: 90049
13. Full Name: LOWELL MILKEN
Officer/Director: Director

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Officer's Title:
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

14. Full Name: BOB MILLER
 Officer/Director: Director
 Officer's Title:
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

15. Full Name: JOHN RYAN
 Officer/Director: Director
 Officer's Title:
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

16. Full Name: ARTHUR H. BILGER
 Officer/Director: Director
 Officer's Title:
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

17. Full Name: ANDREW H. TISCH
 Officer/Director: Director
 Officer's Title:
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

18. Full Name: JOSEPH G. FOGG III
 Officer/Director: Director
 Officer's Title:
 Business Address: 844 MORAGA DRIVE
 City: LOS ANGELES
 State: CA
 ZIP Code: 90049

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Delaware

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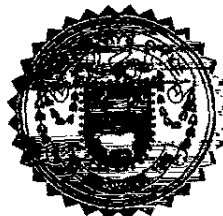
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "K12 INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1928204

3150167 8300

020505650

DATE: 08-08-02