

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004867

1. Entity Name

COMPUTER CURRICULUM CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90001 050 ***150.00

Principal Place of Business

1287 LAWRENCE STATION RD
SYNNYVALE CA 94089
US

Mailing Address

C/O COWAN & ASSOCIATES
180 N. LASALLE . STE 1022
CHICAGO IL 60601-2501

2. Principal Place of Business

3. Mailing Address

C/O Pearson Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1330 Avenue of the Americas

City & State

City & State

New York, NY

Zip

Country

Zip

10019

Country

USA

4. FEI Number

94-1654912

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPD
LAVACCA, JOHN
ONE LAKE STREET
UPPER SADDLE RIVER NJ 07458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Vice President
Kathy Costello
One Lake Street
Upper Saddle River, NJ 07458 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
FLEMMBAUM, ARIEH M
180 N. LASALLE ST, STE 1922
CHICAGO IL 60601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Shaheda Sayed
1330 Avenue of the Americas
New York, NY 10019 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOVANOVICH, PETER
ONE LAKE STREET
UPPER SADDLE RIVER NJ 07458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Tom Wharton
1330 Avenue of the Americas
New York, NY 10019 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANCY, ROBERT L
ONE LAKE ST
UPPER SADDLE RIVER NJ 07458 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: Thomas P. Wharton THOMAS P. WHARTON 3/31/00 (212) 641-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #