2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2001 8:00 am Secretary of State

DOCUMENT # F 9300000 4867 1. Enlity Name Computer Curriculum Corporation				Secretary of Stat				
Principal Place of Business 1287 Lawrence Station Road Clo Karen Zhang Sunny Valle, CA 94089 Pearson Inc. 1330 Avenue of the Principal Place of Business 3.				mericas	 000 57 3	183		
	Place of Business							
Suite, Apt	, #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 94 - 1654912	⊢	pplied For of Applicable	
, , Zip	Country	Zip .	Сои	intry	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
				Name	7. Name and Address of New Registered Agent			
The Prentice-Hall Corporation System. In 1201 Hays Street Suite 105			Inc	Street Address (P.O. Box Number is Not Acceptable)				
Tallahassee, FL 3230/				City		FL Zip Code		
Tax filing r (See criter	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOV After MAV.11 Make Check Pay	VIII VIZE 2001 Fee able to D	will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	00 May Be d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP & Secretary / Direct Robert L. Dancy One take St Upper Saddle River, N	for Delete			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director peter Jouanovich one lake St upper Saddle River, N	Delete	1			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William oldsey	☐ Delete				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	upper soudle River, N VPR Assistant Seve Tem Wharton 1330 Ave of the NI NY 10019	tany Delete		ļ.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	adily that the information a unalized with the	☐ Delete	C'IY-	ET ADDRESS ST-ZIP	Section 110 07/3Vi) Florida Statutas I further o	Change	Addition	

13. I nereby certify that the information supplied with this filling does not qualify for the elemption stated in Section 119.07(3)(f). 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: SIGNATURE AND APPED OF PRINTED NAME OF SIGNING OFFICER OR DIRE YOR CHICAGO DAYS OF SIGNING OFFICER OR DAYS OF SIG