

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathériné Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90049 006 ***150.00

DOCUMENT #

F96000003118

1. Corporation Name

EDUCAID INC.

Principal Place of Business

Mailing Address

3301 C Street, Suite 200
Sacramento, CA 95816

P.O.Box 160408
Sacramento, CA 95816-0408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

22-3400682

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO/D ☐ DELETE
NAME Turtletaub, Marc
STREET ADDRESS 707 Third Street
CITY-ST-ZIP West Sacramento, CA 95816

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 707 Third Street
1.4 CITY-ST-ZIP West Sacramento, CA 95605

TITLE V ☐ DELETE
NAME Eber, Paul R.
STREET ADDRESS 3301 C Street, Suite 100M
CITY-ST-ZIP Sacramento, CA 95816

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3301 C Street, Suite 100M
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME Reeves, John A.
STREET ADDRESS 3301 C Street, Suite 100M
CITY-ST-ZIP Sacramento, CA 95816

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3301 C Street, Suite 100M
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Jerry M. Miller, Jr.
4.3 STREET ADDRESS 301 South College St., 32nd Floor
4.4 CITY-ST-ZIP Charlotte, NC 28288-0630

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE T ☒ Change ☐ Addition
5.2 NAME Arthur Q. Lyon
5.3 STREET ADDRESS 707 Third Street
5.4 CITY-ST-ZIP West Sacramento, CA 95605

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME William Templeton
6.3 STREET ADDRESS 707 Third Street
6.4 CITY-ST-ZIP West Sacramento, CA 95605

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R. Eber

Paul R. Eber, Executive Vice President 916-554-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)