

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 031 ***150.00

DOCUMENT # F96000003118

1. Entity Name

~~ClassNotes Inc.~~

EDUCAID INC.

AM NOT FILED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3301 C Street

Suite, Apt. #, etc.

Suite 200

Sacramento CA 95816

3. Mailing Address

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3400682**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

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

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	President
NAME	Doris Grose
STREET ADDRESS	3301 C Street, Suite 100M
CITY-ST-ZIP	Sacramento CA 95816
TITLE	Secretary
NAME	Tom Levandowski
STREET ADDRESS	3301 C Street, Suite 100M
CITY-ST-ZIP	Sacramento CA 95816
TITLE	Treasurer
NAME	Arthur Q. Lyon
STREET ADDRESS	1620 E. Roseville Parkway, Suite 210
CITY-ST-ZIP	Roseville CA 95661
TITLE	Director
NAME	Mark Hudson
STREET ADDRESS	4837 Watt Ave.
CITY-ST-ZIP	North Highlands CA 95660
TITLE	Director
NAME	Robert V. Burton
STREET ADDRESS	201 South College Street
CITY-ST-ZIP	Charlotte NC 28288

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tom Levandowski

Tom Levandowski, Secretary 4/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)