

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004479 (9)**
1. Corporation Name
AMERICAN EXPRESS EDUCATIONAL ASSURANCE COMPANY



Principal Place of Business 12030 HIGH BLUFF DRIVE SUITE 100A SAN DIEGO CA 92130 US	Mailing Address 12030 HIGH BLUFF DRIVE SUITE 100A SAN DIEGO CA 92130 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11452 EL CAMINO REAL Suite, Apt. #, etc 22 SUITE 110 City & State 23 SAN DIEGO, CA Zip Country 24 92130-2013 25 USA		2a. Mailing Address 26 11452 EL CAMINO REAL Suite, Apt. #, etc 27 SUITE 110 City & State 28 SAN DIEGO, CA Zip Country 29 92130-2013 30 USA		3. Date Incorporated or Qualified 08/30/1996
		4. FEI Number 86-0805639		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD- DEROSE, ROBERT 12030 HIGH BLUFF DR, STE 100A SAN DIEGO CA <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR MARK K. WEBB 11452 EL CAMINO REAL, SUITE 110 SAN DIEGO, CA 92130-2013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- GREENBERG, DANIEL 12030 HIGH BLUFF DRIVE STE 100 SAN DIEGO CA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEIST, DOUGLAS L 12030 HIGH BLUFF DR, STE 100A SAN DIEGO CA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	11452 EL CAMINO REAL, SUITE 110 SAN DIEGO, CA 92130-2013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAZINI, MARGARET 12030 HIGH BLUFF DR, STE 100A SAN DIEGO CA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	11452 EL CAMINO REAL, SUITE 110 SAN DIEGO, CA 92130-2013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSQUET, ANNE M. 200 VESET ST. NEW YORK NY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, STEPHEN P. 200 VESEY ST NEW YORK NY <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: DOUGLAS L. FEIST

SECRETARY

(619) 350-1313

CR2E034 (10/97)