

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90008 031 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F96000004479

1. Corporation Name

AMERICAN EXPRESS EDUCATIONAL ASSURANCE COMPANY

Principal Place of Business

**11452 EL CAMINO REAL
SUITE 110
SAN DIEGO CA 92130-013
US**

Mailing Address

**11452 EL CAMINO REAL
SUITE 110
SAN DIEGO CA 92130-013
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

86-0805639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 200 Vesey Street

Suite, Apt. #, etc.

22 New York, NY

City & State

23 10285-4601 USA

Zip

24 10285-4601 USA

Country

25 10285-4601 USA

Country

26 10285-4601 USA

Country

27 10285-4601 USA

Country

28 10285-4601 USA

Country

29 10285-4601 USA

Country

30 10285-4601 USA

Country

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

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

TITLE **PD** ☒ DELETE

NAME **WEBB, MARK K**

STREET ADDRESS **11452 EL CAMINO REAL, SUITE 110**

CITY-ST-ZIP **SAN DIEGO CA 92130-2013**

TITLE **SD** ☒ DELETE

NAME **FEIST, DOUGLAS L**

STREET ADDRESS **11452 EL CAMINO REAL, SUITE 110**

CITY-ST-ZIP **SAN DIEGO CA 92130-2013**

TITLE **T** ☒ DELETE

NAME **BAZINI, MARGARET**

STREET ADDRESS **11452 EL CAMINO REAL, SUITE 110**

CITY-ST-ZIP **SAN DIEGO CA 92130-2013**

TITLE **D** ☐ DELETE

NAME **BUSQUET, ANNE M.**

STREET ADDRESS **200 VESEY ST.**

CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **NORMAN, STEPHEN P.**

STREET ADDRESS **200 VESEY ST**

CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Patricia O. Alexander**

1.3 STREET ADDRESS **200 Vesey Street**

1.4 CITY-ST-ZIP **New York, NY 10285**

2.1 TITLE **CFO/VP** ☒ Change ☐ Addition

2.2 NAME **Margaret Bazini Murphy**

2.3 STREET ADDRESS **200 Vesey Street**

2.4 CITY-ST-ZIP **New York, NY**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Stephen P. Norman

4/26/99

212 640-3250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

546713-90008-3/
Doc# F96000004479

4/9/99

**AMERICAN EXPRESS EDUCATIONAL ASSURANCE COMPANY
200 VESEY ST.
NEW YORK, NY 10285-4601**

Name	Title	Business Address
Patricia O. Alexander	President	American Express 200 Vesey St., NY, NY 10285
Margaret Bazini Murphy	CFO/VP	American Express 200 Vesey St., NY, NY 10285
Stephen P. Norman	Secretary	American Express 200 Vesey St., NY, NY 10285
Anne M. Busquet	Director	American Express 200 Vesey St., NY, NY 10285
Stephen P. Norman	Director	American Express 200 Vesey St., NY, NY 10285
Patricia O. Alenxander	Director	American Express 200 Vesey St., NY, NY 10285
Jay B. Stevelman	Director	American Express 200 Vesey St., NY, NY 10285
Robert Derosé	Director	American Express Educational Assurance Company 11452 El Camino Real, Su. 110 San Diego, CA 92130