

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F96000004479

1. Entity Name

AMERICAN EXPRESS EDUCATIONAL ASSURANCE COMPANY

FILED

00 FEB 21 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
11452 EL CAMINO REAL, STE 110 11452 EL CAMINO REAL, STE 110  
SAN DIEGO, CA 92130 SAN DIEGO, CA 92130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
86-0805639

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATRICIA O. ALEXANDER	
STREET ADDRESS	11452 EL CAMINO REAL, STE 110	
CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOUGLAS L. FEIST	
STREET ADDRESS	11452 EL CAMINO REAL, STE 110	
CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARGARET BAZINI MURPHY	
STREET ADDRESS	11452 EL CAMINO REAL, STE 110	
CITY-ST-ZIP	SAN DIEGO, CA 92130	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANNE M. BUSQUET	
STREET ADDRESS	200 VESEY STREET	
CITY-ST-ZIP	NEW YORK, NY 10285	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHEN P. NORMAN	
STREET ADDRESS	200 VESEY STREET	
CITY-ST-ZIP	NEW YORK, NY 10285	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAY B. STEVELMAN	
STREET ADDRESS	200 VESEY STREET	
CITY-ST-ZIP	NEW YORK, NY 10285	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	100003155711--8
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	03/03/00--01007-010
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOUGLAS L. FEIST

02/03/00

Date

(858) 509-2204

Daytime Phone #

CR2E034 (9/99)

SP