

2001 UNIFORM BUSINESS REPORT (UBR)

07-05-2001 11:00 018 ***550.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 4: 17

A0075782

DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000004479

1. Entity Name

AMERICAN EXPRESS EDUCATIONAL ASSURANCE COMPANY

Principal Place of Business

11452 EL CAMINO REAL
SUITE 110
SAN DIEGO, CA 92130

Mailing Address

11452 EL CAMINO REAL
SUITE 110
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

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 releasing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

After MAY 17, 2001, Fee will be \$500.00
which 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 ☐ Delete
NAME PATRICIA O. ALEXANDER
STREET ADDRESS 11452 EL CAMINO REAL, STE 110
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DOUGLAS L. FEIST
STREET ADDRESS 11452 EL CAMINO REAL, STE 110
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MARGARET BAZINI MURPHY
STREET ADDRESS 11452 EL CAMINO REAL, STE 110
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANNE M. BUSQUET
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STEPHEN P. NORMAN
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JAY B. STEVELMAN
STREET ADDRESS 200 VESEY STREET
CITY-ST-ZIP NEW YORK, NY 10285

TITLE ☐ Change ☐ Addition
NAME SP
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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS L. FEIST

06/15/01

(858) 509-2204

Date

Daytime Phone

CR2034 (11/00)