2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 19, 2000 8:00 am Secretary of State DOCUMENT # F97000004149 1. Entity Name LINDAMOOD-BELL LEARNING PROCESSES CORP 07-19-2000 90014 015 ***550.00 Principal Place of Business Mailing Address 416 HIGUERA STREET 416 HIGUERA STREET SAN LUIS OBISPO CA 93401 SAN LUIS OBISPO CA 93401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 77-0140920 Not Applicable Zip Country \$8.75 Additional Country Žiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTELBLANCO, INGRID Street Address (P.O. Box Number is Not Acceptable) 13625 SW 119 STREET MIAMI FL 33186 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ASS'T TREASURER ■ Addition ☐ Change TITLE ☐ Delete TITLE ROBERT A. SILVA NAME **BELL, NANCI** COLINA CT . STREET ADDRESS STREET ADDRESS 1720 FILBERT CITY-ST-ZIP CA 93401 CITY-ST-ZIP SAN LUIS OBISPO. PASO ROBLES CA ☐ Change Addition ☐ Delete TITLE TITLE LINDAMOOD, PHYLLIS LODNEY G. BEU. NAME NAME STREET ADDRESS STREET ADDRESS 1578 NOYES RD CITY-ST-ZIP ROBLES. CITY-ST-7IP ARROYO GRANDE CA __ Change Delete-JITLE: ... TITLE --- -- --LINDAMOOD, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 1578 NOYES RD CITY-ST-ZIP CITY-ST-ZIP arroyo Grande Ca ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS 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 trusted 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7/10/00

805.541-3836 x 745

Daytime Phone #