

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004838

1. Entity Name

ED LEARNING SYSTEMS, INC.

Principal Place of Business

Mailing Address

% SUN MICROSYSTEMS, INC.
P.O. BOX 7550, M/S USJC01-112
MT. VIEW CA 94039-7550

% SUN MICROSYSTEMS, INC.
P.O. BOX 7550, M/S USJC01-112
MT. VIEW CA 94039-7550

2. Principal Place of Business

901 San Antonio Road

3. Mailing Address

901 San Antonio Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

M/S PAL01-521, Attn:

City & State

Palo Alto, CA

Debra J. McManaman

Palo Alto, CA

Zip

94303

Country

USA

Zip

94303

Country

USA

6. Name and Address of Current Registered Agent

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

FILED

01 MAY 31 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1516706

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **P** ☒ Delete
NAME **LINEBERRY, STEPHEN W**
STREET ADDRESS **624 GRASSMERE PARK DRIVE STE 10**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **ST** ☒ Delete
NAME **FESMIRE, DAVID M**
STREET ADDRESS **624 GRASSMERE PARK DRIVE STE 10**
CITY-ST-ZIP **NASHVILLE TN**

TITLE ☐ Delete
NAME **President & CFO**
NAME **Michael E. Lehman**
STREET ADDRESS **901 San Antonio Road**
CITY-ST-ZIP **Palo Alto, CA 94303**

TITLE ☐ Delete
NAME **VP & Secretary**
NAME **Michael H. Morris**
STREET ADDRESS **901 San Antonio Road**
CITY-ST-ZIP **Palo Alto, CA 94303**

TITLE ☐ Delete
NAME **Assistant Secretary**
NAME **Laura A. Fennell**
STREET ADDRESS **901 San Antonio Road**
CITY-ST-ZIP **Palo Alto, CA 94303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **300004424079--5**
STREET ADDRESS **-06/18/01--01011--016**
CITY-ST-ZIP ******400.00 ****400.00**

TITLE ☐ Change ☐ Addition
NAME **300004424079--5**
STREET ADDRESS **-06/18/01--01011--017**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Change ☒ Addition
NAME **President & CFO**
NAME **Michael E. Lehman**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP & Secretary**
NAME **Michael H. Morris**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
NAME **Laura A. Fennell**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Laura A. Fennell

5/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Daytime Phone #

CR2E034 (10/00)