SIGNATURE:

DOCUMENT # F9700004838  1. Entity Name ED LEARNING SYSTEMS, INC.						FILED					8
Principal Place of Business 901 SAN ANTONIO RD. PALO ALTO CA 94303	Mailing Address  901 SAN ANTONIO RD. M/S PAL01-521, ATTN: DEBRA J. MCMANAN					02 APR	<b>23 P.I</b> NY 65 S				
PALO ALTO CA 94303  PALO ALTO CA 94303				MCMANAM	IAN	TERMAR MINISTER CONTRACTOR AND ARMY ARMY ARMY PROPRIETOR THREE THR					
2. Principal Place of Business		3. Mailing Address 901 San Antonio Road				-					
Suite, Apt. #, etc.		Suite, Apt. #, etc. M/S PAL 01-521			2/	DO NOT WRITE IN THIS SPACE					
City & State		Palo Alto (A				4. FEI Number 62-1516706 Applied For Not Applicab				·	,]
Zip Country		94 303	Coun	3	5. Certificate of S		Fee		Fee Require	•	
6. Name and Addr	ess of Current Re	egistered Agent	-	Name		7. Name and	Address of New	Registered i	Agent		7
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Address (P.0	ss (P.O. Box Number is Not Acceptable)					
			;			- <u>-</u> _J #_	-05/07	'/'020	1097(	<del></del>	1
			City	·		****1	<del>50. JP</del> L	Zip Coo	<del>0.00</del>		
8. The above named entity submits t	his statement for the	he purpose of changing its	registere	ed office o	r registered	agent, or both			<u> </u>		┦ .
SIGNATURE					<del></del>		. <u>.</u>				i
Signature, typed or printed name		1		- V	ure required wh	en reinstating)		DATE			_
<ol> <li>This corporation is eligible to satis Tax filling requirement and elects (See criteria on back)</li> </ol>	FILE NOW! After May 1, 20 Make Check Payab	02 Fee	vill be \$5	550.00	1	ction Campaign Fi st Fund Contribution	· ·		<b>0</b> May Be I to Fees		
	OFFICERS AND DI	RECTORS	12.				CHANGES TO OF			S IN 11	1_
TITLE PCFO NAME STREET ADDRESS CITY-ST-ZIP PALO ALTO CA 94303				ET ADDRESS	19015a	un Anto			Change	Addition	CR2E034 (9/01)
CITY-ST-ZIP PALO ALTO CA 943	303	Delete	TITLE	ST-ZIP	Pala	<u>Alto</u> H. Euren	CA 9430	3	☐ Change	i Addition	122
NAME STREET ADDRESS MORRIS, MICHAEL 901 SAN ANTONIO	MORRIS, MICHAEL H			T ADDRESS ST-ZIP	Trace	rer and an Anto	Directorio Rd. A 9430.		Change	Adoluen	
TITLE AS FENNELL, LAURA A	\	<b>Ø</b> Delete	NAME			rel A. 1	numay	<u> </u>	☐ Change	Addition	-
STREET ADDRESS ON SAN ANTONIO PALO ALTO CA 943	HD. 303			T ADDRESS ST-ZIP	90150	an Anto	A 9430	3			
TITLE NAME		☐ Delete	TITLE	·		SEC.	1	<del></del>	☐ Change	Addition	
STREET ADDRESS			STREE	T ADDRESS	90150	unAnti	onio Rd				
CITY-ST-ZIP	· · ·			ST-ZIP	Palo	Alto	CA 94:	<u> 303</u>	- <u>-</u> -		_
TITLE NAME		☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS				T ADDRESS			•				
CITY-ST-ZIP TITLE		□ Delete	CITY-	S f - ZIP		<u></u>			ELT 04		-
NAME		☐ Delete	TITLE NAME			+ 21* 5	THE STATE OF THE S	1 1	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS			T 73)	-			
I hereby certify that the informatio indicated on this report or suppler of the corporation or the receiver changed, or on an attachment with the corporation of the corporation or the receiver changed, or on an attachment with the corporation of the corpo	mentai report is tru or trustee empowe	re and accurate and that mared to execute this report a	iv cionati	nption stat	ava tha cam	na lagal ettact :	se if mada undar i	aath that La	m on officer	ar diraatar	ļ   

ING OFFICER OR DIRECTOR

Date

Date

Date

Date

Dayline Phone #