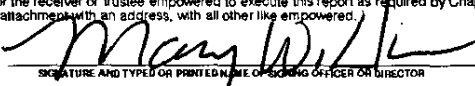


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90049 036 ***150.00

**2003 FOR PROFIT CORPORATION/
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000006548			
1. Entity Name THE BROWN SCHOOLS, INC.			
Principal Place of Business 1407 WEST STASSNEY LANE AUSTIN, TX 78765		Mailing Address PO BOX 4008 AUSTIN, TX 78765	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-2842483		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)			
DATE _____			
FILE NOW!!! (FEB) IS \$150.00 After May 1, 2003 Fee will be \$550.00! Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORNTON, SHERRY 1407 W. STASSNEY LANE AUSTIN, TX 78765 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marguerite Sallee 1407 W. Stassney Lane Austin, TX 78765 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSENGALE, DARREL 1407 W. STASSNEY LANE AUSTIN, TX 78765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKES, MARY 1407 W. STASSNEY LANE AUSTIN, TX 78765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, CHRIS 65 E 56TH ST NEW YORK, NY 10022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOWN, GEORGE 3000 SANDHILL RD #290 MENLO PARK, CA 94025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/28/03 512-464-0239	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034 (10/02)