

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002043

1. Entity Name

Partners in Education, Inc.

Principal Place of Business

c/o KRI Tax Dept.
50 West San Fernando St.
San Jose, CA 95113

Mailing Address

c/o KRI Tax Dept.
50 West San Fernando St.
San Jose, CA 95113

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

75-2553493

Applied For

Not Applicable

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

Alberto Ibarguen
One Herald Plaza
Miami, FL 33132

Name CT Corp.

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME Ridder, P. Anthony
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, Calif. 95113

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

TITLE AVP ☐ Delete
NAME Hauswirth, Lynda
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, Calif. 95113

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

TITLE T ☐ Delete
NAME Silverglat, Alan G.
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, Calif. 95113

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

TITLE S ☐ Delete
NAME Laffoon, Polk
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, Calif. 95113

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

TITLE D ☐ Delete
NAME Connors, Mary Jean
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, Calif. 95113

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

TITLE D ☐ Delete
NAME McComas, Frank
STREET ADDRESS 50 West San Fernando St.
CITY-ST-ZIP San Jose, Calif. 95113

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

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 617, 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: Lynda Hauswirth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001

Date

Daytime Phone #

CR2E037 (11/00)