

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002043

1. Entity Name

PARTNERSHIPS IN EDUCATION, INC.

Principal Place of Business

% KRI TAX DEPT
50 WEST SAN FERNANDO ST
SAN JOSE CA 95113

Mailing Address

% KRI TAX DEPT
50 WEST SAN FERNANDO ST
SAN JOSE CA 95113

2. Principal Place of Business

50 WEST SAN FERNANDO ST
Suite, Apt. #, etc. ST

3. Mailing Address

50 W. SAN FERNANDO ST
Suite, Apt. #, etc. Suite 1200

City & State

City & State

SAN JOSE, CA

Zip

Country

Zip

95113

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

CT CORPORATION SYSTEM
1200 S. 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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIDDER, P. ANTHONY	
STREET ADDRESS	50 WEST SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HAUSWIRTH, LYNDA	
STREET ADDRESS	50 WEST SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SILVERGLAT, ALAN G	
STREET ADDRESS	50 WEST SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAFFOON, POLK	
STREET ADDRESS	50 WEST SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, MARY JEAN	
STREET ADDRESS	50 WEST SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOMAS, FRANK	
STREET ADDRESS	50 WEST SAN FERNANDO STREET	
CITY-ST-ZIP	SAN JOSE CA 95113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDA ADRIENNE	
STREET ADDRESS	50 WEST SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSI, STEVEN B.	
STREET ADDRESS	50 WEST SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	

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

2/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90088 041 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)