2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F98000002043

Entity Name: PARTNERSHIPS IN EDUCATION, INC.

Current Principal Place of Business:

2100 Q STREET
SACRAMENTO, CA 95816

New Principal Place of Business:

Current Mailing Address:

ONE MIAMI HERALD
MIAMI, FL 33132

New Mailing Address:

FEI Number: 75-2553493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PRUITT, GARY	
Address:	2100 Q STREET	
City-St-Zip:	SACRAMENTO, CA 95816	
Title:	D	( ) Delete
Name:	TALAMANTES, PATRICK	
Address:	2100 Q STREET	
City-St-Zip:	SACRAMENTO, CA 95816	
Title:	D	( ) Delete
Name:	WHITTAKER, FRANK	
Address:	2100 Q STREET	
City-St-Zip:	SACRAMENTO, CA 95816	
Title:	P	( ) Delete
Name:	TALAMANTES, PATRICK	
Address:	2100 Q STREET	
City-St-Zip:	SACRAMENTO, CA 95816	
Title:	SEC	( ) Delete
Name:	MORGAN-PRAGER, KAROLE	
Address:	2100 Q STREET	
City-St-Zip:	SACRAMENTO, CA 95816	
Title:	TREA	( ) Delete
Name:	LINTECUM, ELAINE	
Address:	2100 Q STREET	
City-St-Zip:	SACRAMENTO, CA 95816	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAROLE MORGAN-PRAGER SEC 04/17/2009

Electronic Signature of Signing Officer or Director — Date