


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90084 024 ****70.00

DOCUMENT # F98000002043
1. Entity Name
Partnerships In Education, Inc.



DO NOT WRITE IN THIS SPACE

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|--|--|
| 2. Principal Place of Business 50 West San Fernando St. Suite, Apt. #, etc. Suite 1200 City & State San Jose, CA Zip 95113 Country U.S. | 3. Mailing Address 50 West San Fernando St. Suite, Apt. #, etc. c/o Tax Department, Suite 1200 City & State San Jose, CA Zip 95113 Country U.S. |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number 75-2553493 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

| |
|---|
| Name CT Corporation System |
| Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. |
| City Plantation |
| State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/ P. Anthony Ridder 50 West San Fernando St. Ste 1500 San Jose, CA 95113 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP / Lynda Hauswirth 50 West San Fernando St. Suite 1200 San Jose, CA 95113 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS / Adrienne Lilly 50 West San Fernando St. Suite 1500 San Jose, CA 95113 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/ Polk Laffoon 50 West San Fernando St. Suite 1500 San Jose, CA 95113 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/ Mary Jean Connors 50 West San Fernando St. Suite 1500 San Jose, CA 95113 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D / Steven B. Rossi 50 West San Fernando St. Suite 1500 San Jose, CA 95113 | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Lynda Hauswirth, Asst. VP 1/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037B (12/02)