

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002887

1. Entity Name

ACADEMIC SYSTEMS CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 025 ***150.00

Principal Place of Business

Mailing Address

444 CASTRO STREET, SUITE 1200
 MOUNTAIN VIEW CA 94041

444 CASTRO STREET, SUITE 1200
 MOUNTAIN VIEW CA 94041-2064

2. Principal Place of Business

10140 Campus Point Drive

Suite, Apt. #, etc.

3. Mailing Address

10140 Campus Point Drive

Suite, Apt. #, etc.

City & State
 San Diego California

City & State
 San Diego California

4. FEI Number 77-0306196

Applied For
 Not Applicable

Zip 92121 Country USA

Zip 92121 Country USA

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00 -
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete
 NAME BRANDON, JOHN
 STREET ADDRESS 444 CASTRO STREET, SUITE 1200
 CITY-ST-ZIP MOUNTAIN VIEW CA 94041

TITLE CFO ☐ Change ☒ Addition
 NAME Kathy McElwee
 STREET ADDRESS 10140 Campus Point Drive
 CITY-ST-ZIP San Diego CA 92121

TITLE VCFO ☒ Delete
 NAME MCGEE, BRIAN
 STREET ADDRESS 444 CASTRO STREET, SUITE 1200
 CITY-ST-ZIP MOUNTAIN VIEW CA 94041

TITLE COO ☐ Change ☒ Addition
 NAME Carl Zeiger
 STREET ADDRESS 10140 Campus Point Drive
 CITY-ST-ZIP San Diego CA 92121

TITLE V ☒ Delete
 NAME BROGAN, PATRICIA
 STREET ADDRESS 444 CASTRO STREET, SUITE 1200
 CITY-ST-ZIP MOUNTAIN VIEW CA 94041

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

TITLE V ☐ Delete
 NAME GARDNER, GREG
 STREET ADDRESS 444 CASTRO STREET, SUITE 1200
 CITY-ST-ZIP MOUNTAIN VIEW CA 94041

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

TITLE V ☒ Delete
 NAME LANDESMAN, EDWARD
 STREET ADDRESS 444 CASTRO STREET, SUITE 1200
 CITY-ST-ZIP MOUNTAIN VIEW CA 94041

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

TITLE V ☒ Delete
 NAME MORGAN, ALLEN
 STREET ADDRESS 75 WILLOW ROAD
 CITY-ST-ZIP MENLO PARK CA 94025

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)