

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 039 ***150.00


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01072004 Chg-P CR2E034 (10/03)

4. FEI Number **94-2918435** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F99000004435			
1. Entity Name ASPECT EDUCATION, INC.			
Principal Place of Business ONE WEST VICTORIA ST SANTA BARBARA, CA 93101		Mailing Address ONE WEST VICTORIA ST SANTA BARBARA, CA 93101	
2. Principal Place of Business 3700 State St		3. Mailing Address 3700 State St	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State Santa Barbara, CA		City & State Santa Barbara, CA	
Zip 93105	Country Santa Barbara	Zip 93105	Country Santa Barbara

6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

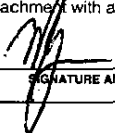
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ANDERSSON, MAGNUS STEPHENS WEST, ROCKLEY ROAD W14 034 LONDON, ENGLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shepherds West, Rockley Road, London, England W14 0DA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRINGTON SCHERZ, MARSHA ONE WEST VICTORIA ST SANTA BARBARA, CA 93101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 State St #210 Santa Barbara, CA 93105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, DAVID ONE WEST VICTORIA ST SANTA BARBARA, CA 93101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 State St #210 Santa Barbara, CA 93105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04

Date

856-82-7440

Daytime Phone #