2000) UNIFORM BUSII	NESS REPO	RT (UB	R)			
DOCUMENT # M9900001368 1. Entity Name WHY LEARNING SYSTEMS, L.L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS 00 MAR 16 PM 3: 06		
Principal Place of Business Mailing Address 2175 W. 14TH STREET TEMPE AR 85281 TEMPE AR 85281-6928		2175 W. 14TH STREET			OO TIMIN TO PER 3.	: 06	
2. Principal Place of Business 4050 Riomar Blvd Suite, Apt. #, etc. 3. Mailing Address 2/75 W 14 Suite, Apt. #, etc.			Street		DO NOT WRITE IN THIS SPACE		
City & Stat Rock le Zip		City & State Tempe, AZ Zip	Country	4. FEIN	86-0914681	Applied For Not Applicable \$5.00 Additional	
32955	6. Name and Address of Current Re	85281	US Name		ficate of Status Desired e and Address of New Register	Fee Required	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its register				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State						BLT	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR EVANOFF, DAN J 2175 W. 14TH STREET TEMPE AR 85281	S/MEMBERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-2IP		ADDITIONS/CHAN Dan J 14th street 2 85281	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARCE, DANIEL L 2175 W. 14TH STREET TEMPE AR 85281	X Deliate	TITLE MAME STREET ADDRESS CITY-ST-ZEP	Mar Paton Bri		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Celete .	RAME STREET ADDRESS CITY-ST-ZIP	Mgf Excell Glob 2175 W. 14 Tempe, AZ		Change X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CITY- \$1-21P		60000315 -03/24/00 *****50.1		
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP		444444444	Change 1 Addition	
TITLE MAME _V STREET ADDRESS CITY-81-7(P		☐ Delista	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: SIGNATURE: SIGNATURE AND TYPES OR BENTTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Excel Clone Services Try							