

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90118 003 \*\*\*\*61.25

**DOCUMENT # N98000001889**



1. Entity Name  
**EDUCATING EVERYONE, INC.**

Principal Place of Business

**140 GOULD STREET  
SUITE 200B  
NEEDHAM MA 02451  
US**

Mailing Address

**140 GOULD STREET  
SUITE 200B  
NEEDHAM MA 02451  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**8 Winter St.,  
Suite 508  
Boston, MA  
02108 US**

3. Mailing Address

**8 Winter St.,  
Suite 508  
Boston, MA  
02108 US**

City & State

**Boston, MA**

City & State

**Boston, MA**

Zip

**02108**

Country

**US**

Zip

**02108**

Country

**US**

4. FEI Number **65-0821020**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOPER, I W CPA  
1692 WEST HIBISCUS BLVD.  
MELBOURNE FL 34238**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Cooper, I W CPA**

**3/11/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **M**  Delete  
NAME **FLORES, JOHN G PH.D.**  
STREET ADDRESS **140 GOULD STREET SUITE 200B**  
CITY-ST-ZIP **NEEDHAM MA 02451**

TITLE **PD**  Delete  
NAME **MATHIS, GLENDA PW**  
STREET ADDRESS **3417 NORTH FIRST**  
CITY-ST-ZIP **ABILENE TX 79603**

TITLE **CD**  Delete  
NAME **ALLEN, MARSHALL E**  
STREET ADDRESS **0501 TELECOMMUNICATIONS CENTER**  
CITY-ST-ZIP **STILLWATER OK 74078-6060**

TITLE **TD**  Delete  
NAME **VAUTROT, JAMES E**  
STREET ADDRESS **200 S HARBOUR CITY BLVD SUITE 201**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **NT**  Change  Addition  
NAME **Flores, John G. Ph.D.**  
STREET ADDRESS **8 Winter St. Suite 508 Boston,**  
CITY-ST-ZIP

TITLE **PD**  Change  Addition  
NAME **Westfall, Philip J.-L. Ph.D.**  
STREET ADDRESS **2950 Q St. Building 645**  
CITY-ST-ZIP **Wright-Patterson AFB, OH 45433**

TITLE **CD**  Change  Addition  
NAME **Mathis, Glenda**  
STREET ADDRESS **3417 N. First**  
CITY-ST-ZIP **Abilene, TX 79603**

TITLE **TD**  Change  Addition  
NAME **Vautrot, James E.**  
STREET ADDRESS **200 S Harbour City Blvd.**  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**3/11/03 80027575162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)