FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35902** **(6)**

1. Corporation Name
WASATCH EDUCATION SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
5250 S 300 W 101 SALT LAKE CITY UT 84107 US	5250 S 300 W 101 SALT LAKE CITY UT 84107 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1991**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **87-1458433** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, JEANINE
200 ST. ANDREWS BLVD., UNIT 3702
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	WADIA, COWSY	1.2 NAME	WADIA, COWSY
STREET ADDRESS	2000 ALAMEDA DE LAS PULGAS	1.3 STREET ADDRESS	2000 ALAMEDA DE LAS PULGAS
CITY-ST-ZIP	SAN MATEO CA	1.4 CITY-ST-ZIP	SAN MATEO, CA
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, BARBARA	2.2 NAME	
STREET ADDRESS	5250 SO 300 WEST, #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, GREG	3.2 NAME	
STREET ADDRESS	2000 ALAMEDA DE LAS PULGAS	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	KEIMER, JEFF	4.2 NAME	KEIMER, JEFF
STREET ADDRESS	~~2000 EL CAMINO REAL 502~~ 702 MARSHALL ST	4.3 STREET ADDRESS	702 MARSHALL STREET
CITY-ST-ZIP	~~PALO ALTO CA~~ REDWOOD CITY, CA	4.4 CITY-ST-ZIP	REDWOOD CITY, CA
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, RALPH	5.2 NAME	
STREET ADDRESS	5250 SOUTH 300 WEST, #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY, UT	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	HAMIL, CAROL	6.2 NAME	
STREET ADDRESS	5250 S 300 W #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph S Brown CFO 1/10/96 801 261 1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6481114 PN