

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90292 029 \*\*\*150.00

**DOCUMENT # F99000006281**

1. Entity Name

**KNOWLEDGE BEGINNINGS CORPORATE SOLUTIONS, INC.**

Principal Place of Business

**844 MORAGA DRIVE  
 LOS ANGELES CA 90049**

Mailing Address

**844 MORAGA DRIVE  
 LOS ANGELES CA 90049**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4753607**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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, 2001 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 \_\_\_\_\_  Delete  
 NAME **DCEO**  
**PACKARD, RONALD J**  
 STREET ADDRESS **844 MORAGA DRIVE**  
 CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **PTD**  
**YALOW, ELANNA S**  
 STREET ADDRESS **4340 REDWOOD HIGHWAY, BLDG. B**  
 CITY-ST-ZIP **SAN RAFAEL CA 94903-2121**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **SD**  
**DEVINE, FRANK A**  
 STREET ADDRESS **4340 REDWOOD HIGHWAY, BLDG. B**  
 CITY-ST-ZIP **SAN RAFAEL CA 94903-2121**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **AT**  
**PELLERITI, JON**  
 STREET ADDRESS **501 LAKEVILLE STREET, SUITE D**  
 CITY-ST-ZIP **PETALUMA CA 94952**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **AS**  
**MARON, STANLEY E**  
 STREET ADDRESS **844 MORAGA DRIVE**  
 CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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

*Stanley E Maron*  
 3/29/01 415-444-1600  
 Date Daytime Phone #

CR2E034 (10/00)

4340 Redwood Highway, Building B  
San Rafael, CA 94903  
415.444.1600 voice • 415.444.1664 fax  
www.knowledgebeginnings.com



April 3, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Knowledge Beginnings Corporate Solutions, Inc.  
2001 Uniform Business Report (UBR) – Document no. F99000006281  
**Corrected Federal Employer Identification Number**

To Whom It May Concern:

Through a misunderstanding, our corporation was assigned two Federal Employer Identification Numbers (FEINs). We have contacted the Internal Revenue Service about the duplication. The company will be identified by the FEIN in the far right column; please change your records accordingly.

	Incorrect FEIN	<b>CORRECT FEIN</b>
Knowledge Beginnings Corporate Solutions, Inc.	95-4753607	<b>68-0441832</b>

Should you have any questions, I may be reached at 415-444-1600.

Very truly yours,

Frank A. Devine  
Secretary and General Counsel

cc: Sylvie Millard  
Betty Scalcione  
Reese Ella Day