

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003290

FILED
Apr 17, 2009
Secretary of State

Entity Name: SPECTRUM K12 SCHOOL SOLUTIONS, INC.

Current Principal Place of Business:

901 DULANEY VALLEY ROAD, SUITE 800
TOWSON, MD 21204

New Principal Place of Business:

Current Mailing Address:

901 DULANEY VALLEY ROAD, SUITE 800
TOWSON, MD 21204

New Mailing Address:

FEI Number: 52-2282245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MARSHALL, JAMES N
Address: 901 DULANEY VALLEY ROAD, SUITE 800
City-St-Zip: TOWNSON, MD 21204

Title: D () Delete
Name: OSWALD, JOHN P
Address: 655 MADISON AVENUE 17TH FLOOR
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: NOVAK, ROGER
Address: 7501 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 21286

Title: D () Delete
Name: MEYERS, TIM
Address: 11955 FREEDOM DR SUITE 7000
City-St-Zip: RESTON, VA 20190

Title: D () Delete
Name: WALSH, MARK
Address: 509 7TH STREET NW
City-St-Zip: WASHINGTON, DC 20004

Title: D (X) Delete
Name: BRANSTAD, TERRY E
Address: 3200 GRAND AVENUE
City-St-Zip: DES MOINES, IA 50312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COHEN, IRA
Address: 55 BROADWAY, SUITE 501
City-St-Zip: NEW YORK, NY 10006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEYERS, TIM
Address: 1717 PENNSYLVANIA AVENUE, NW, STE. 300
City-St-Zip: WASHINGTON, DC 20006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. LOCKWOOD

SECR

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date