

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003413

**Entity Name:** C2 EDUCATIONAL SYSTEMS INC.

**Current Principal Place of Business:**

6465 W JOHNS CROSSING  
STE 100  
JOHNS CREEK, GA 30097

**Current Mailing Address:**

6465 W JOHNS CROSSING  
STE 100  
JOHNS CREEK, GA 30097 US

**FEI Number:** 22-3884949

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title C  
Name WALLER, PETER  
Address 6465 W JOHNS CROSSING - STE 100  
City-State-Zip: JOHNS CREEK GA 30097

Title VC  
Name KENNEDY, DAVID  
Address 1 EMBARCADERO CENTER - STE 1680  
City-State-Zip: SAN FRANCISCO CA 94111

Title PD  
Name KIM, DAVID  
Address 6465 W JOHNS CROSSING - STE 100  
City-State-Zip: JOHNS CREEK GA 30097

Title D  
Name OREIZY, NAVID  
Address 1 EMBARCADERO CENTER - STE 1680  
City-State-Zip: SAN FRANCISCO CA 94111

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID KIM

**PRESIDENT**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date