

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003413

Entity Name: C2 EDUCATIONAL SYSTEMS INC.

Current Principal Place of Business:

6465 EAST JOHNS CROSSING
STE 100
JOHNS CREEK, GA 30097

Current Mailing Address:

6465 EAST 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 VC
Name KENNEDY, DAVID
Address 1 EMBARCADERO CENTER - STE 1680
City-State-Zip: SAN FRANCISCO CA 94111

Title PD
Name KIM, DAVID
Address 6465 EAST 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

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

Title CFO
Name MOORE, MARTIN
Address 6465 EAST JOHNS CROSSING STE 100
City-State-Zip: JOHNS CREEK GA 30097

Title OFFICER
Name LOBO, ANDREW
Address 6465 EAST JOHNS CROSSING STE 100
City-State-Zip: JOHNS CREEK GA 30097

Title OFFICER
Name KENNA, BRYAN
Address 6465 EAST JOHNS CROSSING STE 100
City-State-Zip: JOHNS CREEK GA 30097

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: MARTIN MOORE

CFO

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date