

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000001510

**Entity Name:** COLLEGENET, INC.**Current Principal Place of Business:**805 SW BROADWAY, STE. 1600  
PORTLAND, OR 97205**Current Mailing Address:**805 SW BROADWAY, STE. 1600  
PORTLAND, OR 97205 US**FEI Number:** 93-0692796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LN STE. A  
TALLAHASSEE, FL 32308 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	P
Name	WOLFSTON, JAMES H
Address	805 SW BROADWAY, STE. 1600
City-State-Zip:	PORTLAND OR 97205

Title	D
Name	TRACHTENBARG, EDWARD
Address	805 SW BROADWAY, STE. 1600
City-State-Zip:	PORTLAND OR 97205

Title	D
Name	BIESTMAN, JOHN P
Address	805 SW BROADWAY, STE. 1600
City-State-Zip:	PORTLAND OR 97205

Title	D
Name	MULEE, ANNETTE
Address	805 SW BROADWAY, STE. 1600
City-State-Zip:	PORTLAND OR 97205

Title	D
Name	HANSON, GREG
Address	805 SW BROADWAY, STE. 1600
City-State-Zip:	PORTLAND OR 97205

Title	VP
Name	JEMISON, MAUREEN
Address	805 SW BROADWAY, STE. 1600
City-State-Zip:	PORTLAND OR 97205

*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: MAUREEN JEMISON****SECRETARY****01/17/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date