


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90028 049 ***150.00

DOCUMENT # F94000006380

1. Entity Name
KNOWLEDGE LEARNING CORPORATION



Principal Place of Business
4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903 US

Mailing Address
1250 FOURTH ST., STE. 550 SANTA MONICA, CA 90401

2. Principal Place of Business
573 Park Point Drive

3. Mailing Address
1250 Fourth Street

Suite, Apt. #, etc.
Suite 550

City & State
Golden, Colorado


City & State
Santa Monica, California

Zip
80401

Country
USA

Zip
90401

Country
USA



01152004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALOW, ELANNA S. 4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVINE, FRANK A 4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALINSKE, THOMAS 3351 EL CAMINO RERAL SUITE 200 MENLO PARK, CA 94027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARON, STANLEY 844 MORAGE DRIVE LOS ANGELES, CA 90049 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD PACKARD, RONALD 844 MORAGA DRIVE LOS ANGELES, CA 90049 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FULLER, MARK 4340 REDWOOD HWY BLDG B SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Heymann, Thomas A. 1250 Fourth Street, Suite 550 Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS VanVeen, Peter 573 Park Point Drive Golden, CO 80401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harch, Joseph 1250 Fourth Street, Suite 550 Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maron, Stanley 1250 Fourth Street, Suite 550 Santa Monica, CA 90401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finerman, Ralph 1250 Fourth Street Santa Monica, CA 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Tosetti, Paul 573 Park Point Drive Golden, Colorado 80401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley E. Maron **Stanley E. Maron, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davism Phone #

Attachment

ATTACHMENT 11

KNOWLEDGE LEARNING CORPORATION

F9400006380

ADDITIONAL OFFICERS

V/D

Cohn, Adam
1250 Fourth Street, Suite 550
Santa Monica, Ca 90401

V

Gard, Karen
573 Park Point Drive
Golden, Colorado 80401

V

Giel, Kathleen
573 Park Point Drive
Golden, Colorado 80401

V

Bergen, Sharon
573 Park Point Drive
Golden, Colorado 80401

V

Mitchell, Matthew
573 Park Point Drive
Golden, Colorado 80401

V/AS

Armstrong, Leslie
573 Park Point Drive
Golden, Colorado 80401

AS

Kyman, David S.
1250 Fourth Street, Suite 550
Santa Monica, California 90401