


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 047 ***150.00

DOCUMENT # F94000006380
 1. Entity Name
KNOWLEDGE LEARNING CORPORATION



Principal Place of Business Mailing Address
 573 PARK POINT DRIVE 1250 FOURTH ST., STE. 550
 GOLDEN, CO 80401 US SANTA MONICA, CA 90401

50021343



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State City & State
 _____ _____

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

Zip Country Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| 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 | EVP/CFO Dan Jackson 650 NE Holladay, Suite 1400 Portland, Oregon 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS PETER, VANVEEN 573 PARK POINT DRIV GOLDEN, CO 80401 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP Edward Brewington 650 NE Holladay, Suite 1400 Portland, Oregon 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARCH, JOSEPH 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP S. Wray Hutchinson 650 NE Holladay, Suite 1400 Portland, Oregon 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MARON, STANLEY 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D 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 ST. SANTA MONICA, CA 90401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP Eva Kripalani 650 NE Holladay, Suite 1400 Portland, Oregon 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT FULLER, MARK 4340 REDWOOD HWY BLDG B SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT Fuller, Mark 573 Park Point Drive Golden, Colorado 80401 <input checked="" type="checkbox"/> Change <input 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: _____ **2/22/2005**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
David S. Kyman, Assistant Secretary

50021343
ATTACHMENT
#F94000006380

ATTACHMENT 11.

KNOWLEDGE LEARNING CORPORATION

ADDITIONAL OFFICERS AND DIRECTORS

CEO/D
Thomas A. Heymann
1250 Fourth Street, 6th Floor
Santa Monica, California 90401

VP/D
Adam Cohn
1250 Fourth Street, 6th Floor
Santa Monica, California 90401

VP Accounting/Controller
Paul Tosetti
573 Park Point Drive
Golden, Colorado 80401

SVP/Chief Development Officer
Bruce Walters
650 NE Holladay, Suite 1400
Portland, Oregon 97232

VP
Diane Colum
650 NE Holladay, Suite 1400
Portland, Oregon 97232

VP/AS
Leslie Armstrong
573 Park Point Drive
Golden, Colorado 80401

VP
Karen Gard
573 Park Point Drive
Golden, Colorado 80401

VP
Kathleen Giel
573 Park Point Drive
Golden, Colorado 80401

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