

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006380

FILED
Jan 14, 2011
Secretary of State

Entity Name: KNOWLEDGE LEARNING CORPORATION

Current Principal Place of Business:

1250 FOURTH STREET
SUITE 550
SANTA MONICA, CA 90401 US

New Principal Place of Business:

Current Mailing Address:

1250 FOURTH STREET
SUITE 550
SANTA MONICA, CA 90401 US

New Mailing Address:

FEI Number: 06-1097006 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: YALOW, ELANNA
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: P
Name: THORNTON, FELICIA
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: D
Name: MARON, STANLEY
Address: 1250 FOURTH STREET STE 550
City-St-Zip: SANTA MONICA, CA 90401

Title: D
Name: FINERMAN, RALPH
Address: 1250 FOURTH ST., 5TH FLR.
City-St-Zip: SANTA MONICA, CA 90401

Title: S
Name: LARGE, ELIZABETH
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: V
Name: COHN, ADAM
Address: 1250 FOURTH ST., 6TH FLOOR SANTA MONICA CA
City-St-Zip: SANTA MONICA, CA 90401

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: ADAM COHN

V

01/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date