


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90151 011 \*\*\*150.00

**DOCUMENT # F96000004319**

1. Entity Name  
**KNOWLEDGE LEARNING ENTERPRISES, INC.**



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

**50024090**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



4. FEI Number <b>75-1304369</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	CEOD BAYMANN, THOMAS A 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HEYMANN, THOMAS 1250 Fourth Street, 6th Floor Santa Monica, CA 90401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST VANVEEN, PETER 573 PARK POINT DRIVE GOLDEN, CO 80401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KRIPALANI, EVA 650 NE Holladay, Suite 1400 Portland, Oregon 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALOW, KLAMNS 4340 REDWOOD HWY BLDG B SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALOW, ELANNA 4340 Redwood HWY Bldg B San Rafael, CA 94903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AUSTELL, BARBARA 1101 MARKET ST PHILADELPHIA, PA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARON, STANLEY E. 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	D BARCH, JOSEPH 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINERMAN, RALPH 1250 Fourth Street, 5th Floor Santa Monica, Ca 90401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHN, ADAM 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FULLER, MARK 573 Park Point Drive Golden, CO 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 Daytime Phone #

**ATTACHMENT**  
**#F96000004319**  
**50024090**  
**KNOWLEDGE LEARNING ENTERPRISES**

**ATTACHMENT 11.**

**ADDITIONAL OFFICERS**

**EVP/CFO**

Dan Jackson  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**SVP/Chief Development Officer**

Bruce Walters  
650-NE Holladay, Suite 1400  
Portland, Oregon 97232

**SVP/Human Resources**

Edward Brewington  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**SVP/Operations**

S. Wray Hutchinson  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**VP Accounting/Controller**

Paul Tosetti  
573 Park Point Drive  
Golden, Colorado 80401

**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

**AT**

Mark Fuller  
573 Park Point Drive  
Golden, Colorado 80401

**AS**

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