


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90001 009 \*\*\*150.00

**54067942**



<b>DOCUMENT # F98000002992</b>					
1. Entity Name <b>SCIENTIFIC LEARNING CORPORATION</b>					
Principal Place of Business <b>300 FRANK H. OGAWA PLAZA SUITE 500 OAKLAND, CA 94612-2040</b>			Mailing Address <b>300 FRANK H. OGAWA PLAZA SUITE 500 OAKLAND, CA 94612-2040</b>		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>Suite 600</i>		Suite, Apt. #, etc. <i>Suite 600</i>			
City & State		City & State		07292004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>94-3234458</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<i>Same</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ROBERT C		NAME		
STREET ADDRESS	300 FRANK OGAWA PLAZA STE 500		STREET ADDRESS	<i>300 Frank Ogawa Plaza, Ste 600</i>	
CITY-ST-ZIP	OAKLAND, CA 94612		CITY-ST-ZIP	<i>Same</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERZENICH, MICHAEL DR.		NAME		
STREET ADDRESS	20 HILLPOINT		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94117		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLAL, PAULA DR.		NAME		
STREET ADDRESS	197 UNIVERSITY AVE		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, WILLIAMS E DR.		NAME		
STREET ADDRESS	348 FARALLON AVE.		STREET ADDRESS		
CITY-ST-ZIP	PACIFICA, CA 94044		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEVE DR.		NAME		
STREET ADDRESS	5 ELK CT.		STREET ADDRESS		
CITY-ST-ZIP	PACIFICA, CA 94044		CITY-ST-ZIP		
TITLE	TCFO	<input type="checkbox"/> Delete	TITLE	<i>Same</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, JANE A		NAME		
STREET ADDRESS	300 FRANK OGAWA PLAZA STE 500		STREET ADDRESS	<i>300 Frank Ogawa Plaza, Ste 600</i>	
CITY-ST-ZIP	OAKLAND, CA 94612		CITY-ST-ZIP	<i>Same</i>	
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: <i>[Signature]</i>		8/2/04		510 444 3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	