2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006380

1. Entity Name
KNOWLEDGE LEARNING CORPORATION

FILED
08 JUN 17 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06122008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US	1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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)

800131634748
06/24/08--01045--002 **8.75

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.

200131634702
06/24/08--01045--001 **150.00

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YALOW, ELANNA S. 4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO MORELAND, MARK 650 NE HOLLADAY SUITE 1400 PORTLAND, OR 97232	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNTON, FELICIA 650 NE HOLLADAY SUITE 1400 PORTLAND, OR 97232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARON, STANLEY 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO MUSKOVICH, JAY 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINERMAN, RALPH 1250 FOURTH ST. SANTA MONICA, CA 90401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; VP COHN, ADAM 1250 FOURTH STREET, 6th FLOOR SANTA MONICA, CA 90401 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIMS, JOHN 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HNANICEK, JOHN 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Secretary 6-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #