

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002664

**Entity Name:** CAMBRIDGE EDUCATION LLC

**Current Principal Place of Business:**

111 WOOD AVENUE SOUTH  
5TH FLOOR LEGAL DEPARTMENT  
ISELIN, NJ 08830-4112

**Current Mailing Address:**

111 WOOD AVENUE SOUTH  
5TH FLOOR LEGAL DEPARTMENT  
ISELIN, NJ 08830-4112 US

**FEI Number:** 20-3157028

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HOWELLS, KEITH J.  
Address       12 DINGWALL ROAD  
                  CROYDON  
City-State-Zip: CR0 2NA

Title           MANAGER  
Name           HAQUANI, MAJID  
Address       111 WOOD AVENUE SOUTH  
                  5TH FLOOR LEGAL DEPARTMENT  
City-State-Zip: ISELIN NJ 08830-4112

Title           MANAGER  
Name           COX, DAVID J.  
Address       111 WOOD AVENUE SOUTH  
                  5TH FLOOR LEGAL DEPARTMENT  
City-State-Zip: ISELIN NJ 08830-4112

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAJID HAQUANI

**MANAGER**

**04/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date