

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002664

**FILED**  
**Jan 25, 2019**  
**Secretary of State**  
**9249994441CC**

**Entity Name:** CAMBRIDGE EDUCATION LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

111 WOOD AVENUE SOUTH  
5TH FLOOR LEGAL DEPARTMENT  
ISELIN, NJ 08830 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 10 FLEET PLACE  
City-State-Zip: LONDON EC4M 7RB

Title MANAGER  
Name DENICHILO, NICHOLAS M.  
Address 111 WOOD AVENUE SOUTH  
5TH FLOOR  
City-State-Zip: ISELIN NJ 08830

Title MANAGER  
Name LEONARD, GUY  
Address 10 FLEET PLACE  
City-State-Zip: LONDON EC4M 7RB

Title MANAGER  
Name WHITE, DAVID P.  
Address 12647 ALCOSTA BLVD  
SUITE 275  
City-State-Zip: SAN RAMON CA 94583

Title ASST. SECRETARY  
Name O'CONNOR, MARK G.  
Address 111 WOOD AVENUE SOUTH  
5TH FLOOR  
City-State-Zip: ISELIN NJ 08830

*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:** MARK G. O'CONNOR

**ASST. SECRETARY**

**01/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date