

2017 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 DENICHILO, NICHOLAS M.
Address 111 WOOD AVENUE SOUTH
 5TH FLOOR LEGAL DEPARTMENT
City-State-Zip: ISELIN NJ 08830-4112

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

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

Title MANAGER
Name WHITE, DAVID P.
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: DAVID P. WHITE

**AUTHORIZED
REPRESENTATIVE**

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date