

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011599

**Entity Name:** IMAGINE LEARNING LLC**Current Principal Place of Business:**8860 E. CHAPARRAL RD., STE. 100  
SCOTTSDALE, AZ 85250**Current Mailing Address:**8860 E. CHAPARRAL RD., STE. 100  
SCOTTSDALE, AZ 85250 US**FEI Number:** 45-1565841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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, CHAIRMAN AND CHIEF  
EXECUTIVE OFFICER  
Name GRAYER, JONATHAN N.  
Address 2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title MANAGER, CHAIRMAN AND CHIEF  
OPERATING OFFICER  
Name KLABER, ADAM J.  
Address 2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title MANAGER  
Name GOLDBERG, LAURENCE  
Address 2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title VICE CHAIRMAN AND CHIEF  
STRATEGY OFFICER  
Name FACTOR, SARI G.  
Address 8860 E. CHAPARRAL RD., STE. 100  
City-State-Zip: SCOTTSDALE AZ 85250

Title MGR  
Name MONDRE, GREG  
Address 2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title CFO, EXECUTIVE VICE PRESIDENT  
AND TREASURER  
Name ALDERSLADE, DAVID A.  
Address 8860 E. CHAPARRAL RD., STE. 100  
City-State-Zip: SCOTTSDALE AZ 85250

Title MANAGER  
Name ARMSTRONG, DAVID  
Address 2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title VP, CONTROLLER AND ASSISTANT  
SECRETARY  
Name STANIEC, KELLY  
Address 8860 E. CHAPARRAL RD., STE. 100  
City-State-Zip: SCOTTSDALE AZ 85250

**Continues on page 2**

*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 S. ALDERSLADECHIEF FINANCIAL  
OFFICER

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title            SENIOR VICE PRESIDENT, GENERAL COUNSEL  
AND SECRETARY  
Name           GRAHAM, CHRISTOPHER M.  
Address        2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

Title            MANAGER  
Name           HALPER-LEISTNER, JORDAN  
Address        2087 ATLANTIC AVENUE  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902