

**2024 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, VICE CHAIRMAN AND  
CHIEF OPERATING OFFICER  
Name KLABER, ADAM J.  
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 SENIOR VICE PRESIDENT, GENERAL  
COUNSEL AND SECRETARY  
Name GRAHAM, CHRISTOPHER M.  
Address 2187 ATLANTIC STREET  
FIFTH FLOOR  
City-State-Zip: STAMFORD CT 06902

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

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

**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:** CHRISTOPHER M. GRAHAMSR. VP, GENERAL  
COUNSEL & SECRETARY

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title                   MANAGER  
Name                 LEVITT, ZACH  
Address             2187 ATLANTIC STREET  
                       5TH FLOOR  
City-State-Zip:    STAMFORD CT 06902

Title                   EXECUTIVE VICE PRESIDENT  
Name                 PARASNIS, GAUTAM  
Address             2187 ATLANTIC STREET  
                       5TH FLOOR  
City-State-Zip:    STAMFORD CT 06902

Title                   CFO, SENIOR VP  
Name                 ORSANIC, JOHN  
Address             8860 EAST CHAPARRAL ROAD  
                       SUITE 100  
City-State-Zip:    SCOTTSDALE AZ 85250