

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000004069

Entity Name: EL EDUCATION, INC.

**Current Principal Place of Business:**

247 W 35TH STREET  
8TH FLOOR  
NEW YORK, NY 10001

**FILED**  
**Apr 08, 2019**  
**Secretary of State**  
**4422728958CC**

**Current Mailing Address:**

247 W 35TH STREET  
8TH FLOOR  
NEW YORK, NY 10001 US

FEI Number: 06-1576405

Certificate of Status Desired: No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title C, DIRECTOR  
Name WORDEN, VIRGINIA HILL  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title COO  
Name AKINSANYA-ROSE, KEMI  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title CEO, PRESIDENT, DIRECTOR  
Name HARTL, SCOTT  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title CHIEF ACADEMIC OFFICER  
Name BERGER, RON  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title CHIEF PARTNERSHIP OFFICER  
Name SCHWILLE, KATHLEEN  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name FARRELL, GREG  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name GOMEZ, TODD  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name KLINGENSTEIN, LEE  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

**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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: KEMI AKINSANYA - ROSE

COO

04/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, CHAIRMAN  
Name RICH, R. BRUCE  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name GROSSMAN, ALLEN  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name TANSILL, DOUGLAS T  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name VORIS, ALEXANDRA BUCKLEY  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name RIESE, TRACEY  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name DRUCKER, DAVID  
Address 247 W. 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title CHIEF KNOWLEDGE OFFICER  
Name MILLER, BETH DR.  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name WILEN, SUSAN J  
Address 247 W. 35TH STREET,  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name RIEDER, CORRINE H  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR, TREASURER  
Name SILVERBERG, IRWIN W  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name WEISSMAN, HARRIET L  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR, VC  
Name ZIESING, JOANNE K  
Address 247 W 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name BICKFORD, JEWELLE  
Address 247 W.35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title SECRETARY  
Name MCCORMICK, MEGHAN  
Address 247 W. 35TH STREET  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name DITKOFF, SUSAN WOLF  
Address 247 W. 35TH STREET  
City-State-Zip: NEW YORK NY 10001