

2016 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 12, 2016
Secretary of State
CC7834412411

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

Title SECRETARY
Name MILLER, BETH
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 SCHOOLS OFFICER
Name CONRAD, MARK
Address 247 W 35TH STREET
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name BARTH, ROLAND S
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name FARRELL, GREG
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

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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

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOMEZ, TODD
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name KLINGENSTEIN, LEE
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name RIEDER, CORRINE H
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name SILVERBERG, IRWIN W
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name WEISSMAN, HARRIET L
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name ZIESING, JOANNE K
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name GLASER, JUDITH E
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name RICH, R. BRUCE
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name GROSSMAN, ALLEN
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name TANSILL, DOUGLAS T
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name VORIS, ALEXANDRA B
Address 247 W 35TH STREET
8TH FLOOR
City-State-Zip: NEW YORK NY 10001

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