2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004824

Entity Name: LINGO OF VIRGINIA, INC

Current Principal Place of Business:

5343 DUNDAS ST W SUITE 400 TORONTO, ON M9B 6K5 FILED
Mar 26, 2015
Secretary of State
CC3136477340

Current Mailing Address:

5343 DUNDAS ST W SUITE 400 TORONTO, ON M9B 6K5 CA

FEI Number: 20-7597778 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

Officer/Director Detail:

Title EXECUTIVE CHAIRMAN Title VP

Name NOWLAN, MICHAEL SR. Name GORDON, GLEN

Address 5343 DUNDAS ST WEST Address 767 FIFTH AVE , 17 FLOOR

City-State-Zip: TORONTO ON M9B 6K5 City-State-Zip: NEW YORK NY 10153

Title DIRECTOR Title SECRETARY

Name JACOB, ZALMIE Name RATNER, JOSHUA

Address 767 FIFTH AVE, 17 FLOOR Address 767 FIFHT AVE, 17 FLOOR

City-State-Zip: NEW YORK NY 10153 City-State-Zip: NEW YORK NY 10153

Title ASST, SECRETARY Title VP

NameMANCUSO, ANDREA LNameVANDERPOST, GERRYAddress460 HERNDON PKWY #150Address5343 DUNDAS ST WEST

SUITE 400

City-State-Zip: HERNDON VA 20170-5281 City-State-Zip: TORONTO ON M9B 6K5

TitleDIRECTORTitleDIRECTORNameMEDEIROS, LUINameGHAI, VIPONAddress1150 CONNECTICUTAddress200 BLOOR ST

City-State-Zip: WASHINGTON DC 20036 City-State-Zip: TORONTO ON M4W 1E5

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERRY VANDERPOST

VP FINANCE

03/26/2015