

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000905

Entity Name: MOODLEROOMS, INC**Current Principal Place of Business:**1111 19TH STREET NW
9TH FLOOR
WASHINGTON, DC 20036**Current Mailing Address:**1111 19TH STREET NW
9TH FLOOR
WASHINGTON, DC 20036 US**FEI Number:** 20-3793033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	PRESIDENT, DIRECTOR
Name	DAVIS, WILLIAM
Address	1111 19TH STREET NW 9TH FLOOR
City-State-Zip:	WASHINGTON DC 20036

Title	SECRETARY, DIRECTOR
Name	KUPINSKY, STUART
Address	1111 19TH STREET NW 9TH FLOOR
City-State-Zip:	WASHINGTON DC 20036

Title	TREASURER, DIRECTOR
Name	MAYR, LISA
Address	1111 19TH STREET NW 9TH FLOOR
City-State-Zip:	WASHINGTON DC 20036

Title	ASST. TREASURER
Name	HARRILL, KEVIN
Address	1111 19TH STREET NW 9TH FLOOR
City-State-Zip:	WASHINGTON DC 20036

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: STUART KUPINSKY**SECRETARY****05/31/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date