

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005015

Entity Name: CAMBIUM ASSESSMENT, INC.

FILED
Apr 25, 2021
Secretary of State
9969913075CC

Current Principal Place of Business:

1000 THOMAS JEFFERSON NW
WASHINGTON, DC 20007

Current Mailing Address:

1000 THOMAS JEFFERSON NW
WASHINGTON, DC 20007 US

FEI Number: 84-3272684

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 TREASURER
Name BENSON, BARBARA
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title VP
Name BENSON, , BARBARA
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title SECRETARY
Name KLEIN, , SEAN
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name FREED, ADAM
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name MUSALLAM, RAMZI M.
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name SUGAR, DANIEL H.
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title PRESIDENT
Name CAMPBELL, JOHN
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name CAMPBELL, JOHN
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

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

SIGNATURE: KLEIN, SEAN

SECRETARY

04/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LI, ALICE
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name MAYER, MARGERY
Address 1000 THOMAS JEFFERSON NW
City-State-Zip: WASHINGTON DC 20007