

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000003650

Entity Name: MATH TEACHERS PRESS, INC.**Current Principal Place of Business:**4850 PARK GLEN RD
MINNEAPOLIS, MN 55416**Current Mailing Address:**4850 PARK GLEN RD
MINNEAPOLIS, MN 55416 US**FEI Number:** 41-1514696**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4 ST N STE 300
ST PETERSBURG, FL 33702 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 | P |
| Name | PIERSON, CARYL K |
| Address | 19103 E TONTO VERCLE DR |
| City-State-Zip: | RIO CERCLE AZ 85263 |

| | |
|-----------------|-------------------------|
| Title | S |
| Name | PIERSON, ERNEST C |
| Address | 19103 E TONTO VERCLE DR |
| City-State-Zip: | RIO CERCLE AZ 85263 |

| | |
|-----------------|-------------------------|
| Title | D |
| Name | PIERSON, JOHN K |
| Address | 19103 E TONTO VERCLE DR |
| City-State-Zip: | RIO CERCLE AZ 85263 |

| | |
|-----------------|-------------------|
| Title | D |
| Name | LABANCA, MARY |
| Address | 489 HAVILAND RD |
| City-State-Zip: | STAMFORD CT 06902 |

| | |
|-----------------|------------------|
| Title | D |
| Name | GRUIDL, SUSAN JP |
| Address | 4213 CROCKER AVE |
| City-State-Zip: | EDINA MN 55416 |

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: CARYL K PIERSON**PRESIDENT****01/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date