

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003204

Entity Name: ALLTRAN EDUCATION, INC.**Current Principal Place of Business:**840 S. FRONTAGE ROAD
WOODRIDGE, IL 60517**Current Mailing Address:**840 S. FRONTAGE ROAD
WOODRIDGE, IL 60517 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 SECRETARY
Name STRACHAN, MICHAEL K.
Address 5800 NORTH COURSE DRIVE
City-State-Zip: HOUSTON TX 77072

Title PRESIDENT
Name KELEGHAN, KEVIN T.
Address 840 S. FRONTAGE ROAD
City-State-Zip: WOODRIDGE IL 60517

Title DIRECTOR
Name KELEGHAN, KEVIN T.
Address 840 S. FRONTAGE ROAD
City-State-Zip: WOODRIDGE IL 60517

Title DIRECTOR
Name WILLIAMS, GEORGE A.
Address 5800 NORTH COURSE DRIVE
City-State-Zip: HOUSTON TX 77072

Title CEO
Name KELEGHAN, KEVIN T
Address 840 S. FRONTAGE ROAD
City-State-Zip: WOODRIDGE IL 60517

Title TREASURER
Name WILLIAMS, GEORGE A.
Address 5800 NORTH COURSE DRIVE
City-State-Zip: HOUSTON TX 77072

Title DIRECTOR
Name STRACHAN, MICHAEL K.
Address 5800 NORTH COURSE DRIVE
City-State-Zip: HOUSTON TX 77072

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: GEORGE A. WILLIAMS**TREASURER****04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date