

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003204

Entity Name: ALLTRAN EDUCATION, INC.**Current Principal Place of Business:**6506 S LEWIS AVE
SUITE 260
TULSA, OK 74136**Current Mailing Address:**3850 N. CAUSEWAY BLVD, SUITE 200
METAIRIE, LA 70002 US**FEI Number:** 36-3594864**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 DIRECTOR, PRESIDENT, CEO
Name LAUGHLIN, JOSEPH E.
Address 150 N. FIELD DRIVE, TWO CONWAY
PARK, SUITE 200
City-State-Zip: LAKE FOREST IL 60045

Title CFO, TREASURER
Name ZWICK, DAVID
Address 150 N. FIELD DRIVE, TWO CONWAY
PARK, SUITE 200
City-State-Zip: LAKE FOREST IL 60045

Title COO
Name STERN, NEAL H.
Address 150 N. FIELD DRIVE, TWO CONWAY
PARK, SUITE 200
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR, VP, SECRETARY
Name EBRAHEMI, FRED
Address 150 N. FIELD DRIVE, TWO CONWAY
PARK, SUITE 200
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name PATRIARCA, MICHAEL M.
Address 150 N. FIELD DRIVE, TWO CONWAY
PARK, SUITE 200
City-State-Zip: LAKE FOREST IL 60045

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: NEAL H. STERN

COO

04/16/2020

Electronic Signature of Signing Officer/Director Detail

Date