

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000006886

**Entity Name:** EDISONLEARNING, INC.

**Current Principal Place of Business:**

EDISONLEARNING, INC.  
ONE EAST BROWARD BLVD, SUITE 1599  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

EDISONLEARNING, INC.  
ONE EAST BROWARD BLVD, SUITE 1599  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 13-3915075

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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/CHIEF EXECUTIVE  
                  OFFICER, DIRECTOR  
Name           JACKSON, THOMAS M  
Address        EDISONLEARNING, INC.  
                  ONE EAST BROWARD BLVD, SUITE  
                  1599  
City-State-Zip: FT. LAUDERDALE FL 33301

Title           SVP/GENERAL COUNSEL AND  
                  ASSISTANT SECRETARY  
Name           GRIPPO, ROMNEY  
Address        EDISONLEARNING, INC.  
                  ONE EAST BROWARD BLVD, SUITE  
                  1599  
City-State-Zip: FT. LAUDERDALE FL 33301

Title           SVP ACHIEVEMENT RESULTS AND  
                  OPERATIONS  
Name           HOBBS, SHERRELL  
Address        EDISONLEARNING, INC.  
                  ONE EAST BROWARD BLVD, SUITE  
                  1599  
City-State-Zip: FT. LAUDERDALE FL 33301

Title           CHIEF OF BUSINESS DEVELOPMENT  
                  AND SENIOR OPERATION  
Name           CARLUCCI, NICHOLAS  
Address        EDISONLEARNING, INC.  
                  ONE EAST BROWARD BLVD, SUITE  
                  1599  
City-State-Zip: FT. LAUDERDALE FL 33301

Title           CFO, SVP, TREASURER, SECRETARY  
Name           EDWARDS, KEN  
Address        EDISONLEARNING, INC.  
                  ONE EAST BROWARD BLVD, SUITE  
                  1599  
City-State-Zip: FT. LAUDERDALE FL 33301

*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:** THOMAS M. JACKSON

**PRESIDENT AND CHIEF    04/23/2021**  
**EXECUTIVE OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date