

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000006886

**Entity Name:** EDISONLEARNING, INC.

**Current Principal Place of Business:**

HARBORSIDE FINANCIAL CENTER  
2910 PLAZA 5  
JERSEY CITY , NJ 07311

**Current Mailing Address:**

HARBORSIDE FINANCIAL CENTER  
2910 PLAZA 5  
JERSEY CITY , NJ 07311 US

**FEI Number: 13-3915075**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name           JACKSON, THOMAS  
Address        HARBORSIDE FINANCIAL CENTER  
                  2910 PLAZA 5  
City-State-Zip: JERSEY CITY NJ 07311

Title           TREASURER  
Name           RYAN, MAUREEN  
Address        HARBORSIDE FINANCIAL CENTER  
                  2910 PLAZA 5  
City-State-Zip: JERSEY CITY NJ 07311

Title           SECRETARY  
Name           WILLIAMS, NATALIE  
Address        HARBORSIDE FINANCIAL CENTER  
                  2910 PLAZA 5  
City-State-Zip: JERSEY CITY NJ 07311

*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: NATALIE WILLIAMS**

**SECRETARY**

**04/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date