

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000000175

1. Entity Name
KURZWEIL EDUCATIONAL SYSTEMS, INC.



Principal Place of Business
14 CROSY DR.
BEDFORD, MA 01730

Mailing Address
14 CROSY DR.
BEDFORD, MA 01730



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3554733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000206961

02/01/05-80027-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOKOL, MICHAEL
STREET ADDRESS	14 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	ST
NAME	DESMARAIS, BRADLEY
STREET ADDRESS	14 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	D
NAME	ELKIND, JEROME
STREET ADDRESS	14 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	D
NAME	DIONNE, MARK
STREET ADDRESS	14 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	D
NAME	KURZWEIL, RAYMOND
STREET ADDRESS	14 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	D
NAME	MARK, MICHAEL
STREET ADDRESS	14 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley Desmaris

1/26/05

Date

781-276-0600

Daytime Phone #