2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001373

City-St-Zip:

BARRINGTON, IL 60010

FILED May 05, 2009 Secretary of State

Entity Name: PROLITERACY WORLDWIDE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1320 JAMESVILLE AVE SYRACUSE, NY 13210 **Current Mailing Address: New Mailing Address:** 1320 JAMESVILLE AVE SYRACUSE, NY 13210 FEI Number: 16-6076384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, DONNA 12734 KÉNWOOD LANE STE. 96 FORT MYERS, FL 33907 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARVEY, DAVID Name: Name: 1320 JAMESVILLE AVE Address: Address: SYRACUSE, NY 13210 City-St-Zip: City-St-Zip: Title: () Delete Title: CFO (X) Change () Addition Name: WEBER, DONALD Name: MARBLE, DAVID H Address: 1320 JAMESVILLE AVE Address: 1320 JAMESVILLE AVE City-St-Zip: SYRACUSE, NY 13210 City-St-Zip: SYRACUSE, NY 13210 Title: () Delete Title: (X) Change () Addition CURCHACK, WALTER H MORGAN, KEVIN J Name: Name: 8 FROG ROCK RD 8892 DAYBREAKER DRIVE Address: Address: City-St-Zip: ARMONK, NY 10504 City-St-Zip: PARK CITY, UT 84098 Title: () Delete Title: (X) Change () Addition Name: DESILVA, DAVID Name: ATKINS, SHAN 8044 MERRIMAC DR 4302 OLDE INDIAN CREEK LANE Address: Address: City-St-Zip: MANLIUS, NY 13104 City-St-Zip: LONG GROVE, IL 60047 Title: (X) Delete Title: () Change () Addition ATKINS, SHAN M Name: Name: 1944 CHEVIOT DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID H MARBLE CFO 05/05/2009