

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001625

1. Entity Name
CLASSROOM CONNECT, INC.



Principal Place of Business
**8000 MARINA BLVD., 4TH FLOOR
BRISBANE, CA 94005**

Mailing Address
**6277 SEA HARBOR DR.
ATTN: TAX DEPT.
ORLANDO, FL 32887**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4613282

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARMOUR, MARK H
STREET ADDRESS	1-3 STRAND
CITY-ST-ZIP	LONDON, ENGLAND WC2N5JR,
TITLE	DT
NAME	FOGARTY, KENNETH E
STREET ADDRESS	2 NEWTON PLACE STE 350 3RD FLOOR
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	DVTS
NAME	FONTAINE, CHARLES E
STREET ADDRESS	2 NEWTON PLACE STE 350 3RD FLOOR
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	DVAS
NAME	HORBACZEWSKI, HENRY Z
STREET ADDRESS	125 PARK AVENUE, 23RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	VS
NAME	BAYERS, WILLIAM F
STREET ADDRESS	2 NEWTON PLACE STE 350 3RD FLOOR
CITY-ST-ZIP	NEWTON, MA 02458
TITLE	AS
NAME	BOTTOMS, LINDA G
STREET ADDRESS	1105 NORTH MARKET ST STE 501
CITY-ST-ZIP	WILMINGTON, DE 19801

000000411682
02/10/06-80017-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Linda G. Bottoms* Linda G. Bottoms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

Date

Daytime Phone