


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 039 ***150.00

| | | | | | |
|--|--|--|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 222 BERKELEY STREET | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State BOSTON, MA | | City & State | | | |
| Zip 02116 | Country USA | Zip | Country | 4. FEI Number 95-4613282 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMOUR, MARK H 1-3 STRAND LONDON, ENGLAND, sw1v 4ju | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MICHAEL MULDOWNEY 222 BERKELEY STREET BOSTON MA 02116 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT FOGARTY, KENNETH E 2 NEWTON PLACE STE 350 3RD FLOOR NEWTON, MA 02458 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC ANTHONY LUCKI 222 BERKELEY STREET BOSTON MA 02116 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS FONTAINE, CHARLES E 2 NEWTON PL STE 350 NEWTON, MA 02458 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GERALD HUGHES 222 BERKELEY STREET BOSTON MA 02116 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVAS HORBACZEWSKI, HENRY Z 125 PARK AVENUE, 23RD FLOOR NEW YORK, NY 10017 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JEFF LEONARD 222 BERKELEY STREET BOSTON MA 02116 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BAYERS, WILLIAM F 2 NEWTON PLACE STE 350 3RD FLOOR NEWTON, MA 02458 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 222 BERKELEY STREET BOSTON MA 02116 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BOWLER, JAMES 8000 MARINA BLVD STE 400 BRISBANE, CA 94005 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KATHLEEN RIDEOUT 222 BERKELEY STREET BOSTON MA 02116 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: Kathleen A. Rideout, Kathleen A. Rideout Asst Sec 4/9/08 617-351-5165 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

Classroom Connect, Inc.
Directors, Officers Report
Document # F04000001625

ATTACHMENT
40080636

Directors

Anthony Lucki
Business Address: **Director**
222 Berkeley Street
Boston, MA 02116 USA

Gerald Hughes
Business Address: **Director**
222 Berkeley Street
Boston, MA 02116 USA

Michael Muldowney
Business Address: **Director**
222 Berkeley Street
Boston, MA 02116 USA

William Bayers
Business Address: **Director**
222 Berkeley Street
Boston, MA 02116 USA

Officers

Anthony Lucki
Business Address: **Chairman and Chief Executive Officer**
222 Berkeley Street
Boston, MA 02116 USA

Gerald Hughes
President and Chief Operating Officer
222 Berkeley Street
Boston, MA 02116 USA

Michael Muldowney
Business Address: **Executive Vice President, Chief Financial Officer**
222 Berkeley Street
Boston, MA 02116 USA

William Bayers
Business Address: **Executive Vice President, Secretary**
222 Berkeley Street
Boston, MA 02116 USA

Jeff Leonard
Business Address: **Treasurer**
222 Berkeley Street
Boston, MA 02116 USA

Kathleen Rideout
Business Address: **Assistant Secretary**
222 Berkeley Street
Boston, MA 02116 USA

David Mills
Business Address: **Assistant Treasurer**
222 Berkeley Street
Boston, MA 02116 USA