

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000175

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: WILSON LEARNING WORLDWIDE, INC.

## Current Principal Place of Business:

8000 W. 78TH STREET  
SUITE 200  
EDINA, MN 55439

## New Principal Place of Business:

## Current Mailing Address:

8000 W. 78TH STREET  
SUITE 200  
EDINA, MN 55439

## New Mailing Address:

FEI Number: 41-1689420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MORI, SHOZO  
Address: 25F TRITON SQUARE TOWERX, 1-8-10  
City-St-Zip: TOKYO, JA 104-6026 JA

Title: PS ( ) Delete  
Name: SEKINE, HIDEAKI  
Address: 25F TRITON SQUARE TOWERX, 1-8-10  
City-St-Zip: TOKYO, JA 104-6026 JA

Title: V ( ) Delete  
Name: YESFORD, DAVID  
Address: LUCIEN POINTE SUITE 150, 258 SOUTHHALL LN  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: HASEGAWA, HIROJI  
Address: 25F TRITON SQUARE TOWER X, 1-8-10  
City-St-Zip: TOKYO, JA 104-6026 JA

Title: V ( ) Delete  
Name: KUMEDA, MASAKUNI  
Address: 25F TRITON SQUARE TOWER X, 1-8-10  
City-St-Zip: TOKYO, JA 104-6026 JA

Title: V (X) Delete  
Name: HIROSE, FUMIO  
Address: 8000 W. 78TH STREET, SUITE 200  
City-St-Zip: EDINA, MN 55439

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HIROJI HASEGAWA

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date