

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004060

FILED
Jan 18, 2007
Secretary of State

Entity Name: CONVERGYS LEARNING SOLUTIONS INC.

Current Principal Place of Business:

201 EAST FOURTH STREET
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

201 EAST FOURTH STREET
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 94-3244366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DVP () Delete
Name: HAWKINS II, WILLIAM H
Address: 201 EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: P () Delete
Name: BOWMAN, KAREN
Address: 201 EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: T () Delete
Name: JONES, MICHAEL
Address: 201 EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAWKINS II, WILLIAM H
Address: 201 EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

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

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

Title: AT () Change (X) Addition
Name: THEDE, DOUGLAS K
Address: 201 EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

I hereby certify that the information supplied with this filing does not qualify for the 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: SHELLEY D FUGE

ASSO

01/18/2007

Electronic Signature of Signing Officer or Director

_____ Date