

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000005906

1. Entity Name
TUTOR.COM, INC.



Principal Place of Business
40 FULTON STREET
NEW YORK, NY 10038

Mailing Address
40 FULTON STREET
NEW YORK, NY 10038

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3441166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000959271
09/09/08-80004-008 \$50.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CIGALE, GEORGE 40 FULTON STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO CIGALE, GEORGE 40 FULTON STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO DONALDS, KEVIN 40 FULTON STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPSTEIN, BART 40 FULTON STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWOLF, DANIEL I 40 FULTON STREET NEW YORK, NY 10038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEETZ, W. EDWARD 40 FULTON STREET NEW YORK, NY 10038

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN DONALDS 9-3-08 212-571-3434
CFO

Date

Daytime Phone #