

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000003672

1. Entity Name  
THE LEARNING EDGE NORTH AMERICA, INC.



**FILED**  
**Sep 12, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
245 FIRST STREET, RIVERVIEW II, 18TH FLOOR  
CAMBRIDGE, MA 02142

Mailing Address  
245 FIRST STREET, RIVERVIEW II, 18TH FLOOR  
CAMBRIDGE, MA 02142



08012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
98-0515688

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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NERMUT, MICHAEL A 10 NICHOLAS DRICE SANDY BAY, TASMANIA AUSTRAIA, 7005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIAN, JIM Z 69 LINDHILL AVENUE GEILSTON BAY TASMINAI AUSTRA, 7015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROGER, PETER W 9 BOUGHTRON AVENUE MOUNT NELSON TASMINAI AUSTRA, 7007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ROBINSON, JAMES A 27 SHERPARD STREET SANDY BAY TASMANIA AUSTRALI, 7005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CUPITT, ROBERT A J JOYCE AVENUE, OAKLEIGH SOUTH MELBOURNE AUSTRALIA, 3167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLOUSSIOS, GREGORY J 111 HUNTINGTON AVENUE BOSTON, MA 021997613

U000000359563  
09/12/08-80002-009 550.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/08 (617) 803-4711  
Date Daytime Phone #