

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005361

FILED
Mar 19, 2009
Secretary of State

Entity Name: KC DISTANCE LEARNING, INC.

Current Principal Place of Business:

650 NE HOLLADAY STREET, SUITE 1400
PORTLAND, OR 97232

New Principal Place of Business:

Current Mailing Address:

650 NE HOLLADAY STREET, SUITE 1400
PORTLAND, OR 97232

New Mailing Address:

FEI Number: 63-1120500

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: S () Delete
Name: RENE, GONZALEZ
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: D () Delete
Name: LOWELL, MILKEN J
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: D () Delete
Name: PETER, MASLEN
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: D () Delete
Name: FELICIA, THORNTON
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: D () Delete
Name: STANLEY, MARON E
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

Title: D () Delete
Name: JOHN, HNANICEK
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: YOUNG, CAPRICE
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

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: VP (X) Change () Addition
Name: BENEDICT, DAVID A
Address: 650 NE HOLLADAY STREET, SUITE 1400
City-St-Zip: PORTLAND, OR 97232

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: DAVID A. BENEDICT

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date