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COVER LETTER

10:	Division of Cor						
etus tr	Council for	Aid to Education, Inc.					
SUBJE	ECT:	Name of Corporation	on – must in	clude suffix			
Dear Si	r or Madam:						
Affairs	in Florida", "Cer	on by Foreign Not for Profi lificate of Existence", or "C need not for profit corporat	Certificate of	`Status'' and cl	heck are submi		
Please r	return all correspo	ondence concerning this ma	atter to the fo	ollowing:			
	James Hu	ndley					
		Name o	f Person				
	Council fo	or Aid to Education					
		Firm/C	ompany	<u> </u>			
	215 Lexin	gton Avenue					
	Floor 16 Address						
	New York	, NY 10016					
	City/State and Zip Code						
	jhundley@	cae.org					
	E-ma	il address: (to be used for f	uture annua	l report notific	ation)		
or furt	her information c	oncerning this matter, pleas	se call:				
Thomas Puppa			646	699-5922			
	Name of	Person	Area Code	Daytime Te	lephone Numb	2r	
	MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL I	ion orations		Registration S Division of C Clifton Build	orporations ing ve Center Circl		
Enclose	d is a check for th	e following amount:					
□ \$ 70.0	00 Filing Fee	■\$78.75 Filing Fee & Certificate of Status		filing Fee & ed Copy	S87.50 F Certifica Certifie	ate of Status &	

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

·	present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) vailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(II manie ame	Tanable in Fixing Cities the internal corporate maint adopted for the purpose of transacting outsides. In Fioretal
2. Delaware	untry under the law of which it is incorporated) (FEI number, if applicable)
(State or cou	untry under the law of which it is incorporated) (FEI number, if applicable)
1. 12/07/2007	5.
1)	(Date of Incorporation) (Date of duration, if other than perpetual) ducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty-liability)
ś	
(Date first cond	ducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 215 Lexington	on Avenue, Floor 16, New York, NY 10016
	(Principal office address)
	(Current mailing address, if different) (Current mailing address, if different) (Current mailing address that validly and reliably measure learning for corporation authorized in home state or country to be carried out in the state of Florida)
	(Current mailing address, if different)
	ġ 📜
, Improve educa	cation at all levels and develop educational assessments that validly and reliably measure learning
(Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)
. Name and str	reet address of Florida registered agent: (P.O. Box NOT acceptable)
N	C T Corporation System
Name:	
Office Address:	1200 South Pine Island Road Plantation
	Broward County, Florida 33324
	(City) (Zip Code)
IA Registered	d agent's acceptance:
laving been na	amed as registered agent and to accept service of process for the above stated corporation at the place
	his application, I hereby accept the appointment as registered agent and agree to act in this capacity. I o comply with the provisions of all statutes relative to the proper and complete performance of my
uties, and I am	o comply with the provisions of all statutes relative to the proper and complete performance of my m familiar with and accept the obligations of my position a Cariffel as Smith
	Vice President & Assistant Secretary
	C
	(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

DIRECTORS	
Kathyrn Lyall	
215 Lexington Avenue, Floor 16	
New York, NY 10016	
ice Chairman:	
idress:	
rector:	
ldress:	
rector:	
idress:	
	13.1
OFFICERS	SION NO
Roger Benjamin	9. 6
215 Lexington Avenue, Floor 16	DIVISION OF CORR OF ALLOWS
New York, NY 10016	
James Hundley	
215 Lexington Avenue, Floor 16	
New York, NY 10016	
James Hundley cretary:	 _
215 Lexington Avenue, Floor 16, New York, NY 10016 idress:	
James Hundley	
easurer:	
ddress:	
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	on)
James Hundley, Executive Vice President, Secretary and Treasurer	,
(Typed or printed name and capacity of person signing application)	

Page 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COUNCIL FOR AID TO EDUCATION, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Authentication: 203039908

Date: 08-10-17

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