

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003658

FILED
Apr 19, 2010
Secretary of State

Entity Name: CENGAGE LEARNING, INC.

Current Principal Place of Business:

5191 NATORP BLVD
MASON, OH 45040 US

New Principal Place of Business:

Current Mailing Address:

5191 NATORP BLVD
TAX DEPT 3RD FLOOR
MASON, OH 45040 US

New Mailing Address:

FEI Number: 59-2124491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
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: PRES
Name: DUNN, RONALD
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: TRSR
Name: MULLIGAN, BRIAN
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: VP
Name: RIEDERS, WILLIAM D
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: ASEC
Name: HECKLER, MARGARET
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: SEC
Name: CARSON, KENNETH
Address: 200 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: ASEC
Name: SCHILLING, ANGELA M
Address: 5191 NATORP BLVD
City-St-Zip: MASON, OH 45040

I hereby 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 all other like empowered.

SIGNATURE: ANGELA M SHILLING

ASEC

04/19/2010

Electronic Signature of Signing Officer or Director

Date