


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 047 ***150.00

DOCUMENT # F94000006380 1. Entity Name KNOWLEDGE LEARNING CORPORATION					
Principal Place of Business 573 PARK POINT DRIVE GOLDEN, CO 80401 US			Mailing Address 1250 FOURTH ST., STE. 550 SANTA MONICA, CA 90401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	EVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YALOW, ELANNA S.		NAME	Dan Jackson	
STREET ADDRESS	4340 REDWOOD HIGHWAY BLDG B		STREET ADDRESS	650 NE Holladay, Suite 1400	
CITY-ST-ZIP	SAN RAFAEL, CA 94903		CITY-ST-ZIP	Portland, Oregon 97232	
TITLE	DVAS <input checked="" type="checkbox"/> Delete		TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETER, VANVEEN		NAME	Edward Brewington	
STREET ADDRESS	573 PARK POINT DRIV		STREET ADDRESS	650 NE Holladay, Suite 1400	
CITY-ST-ZIP	GOLDEN, CO 80401		CITY-ST-ZIP	Portland, Oregon 97232	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARCH, JOSEPH		NAME	S. Wray Hutchinson	
STREET ADDRESS	1250 FOURTH STREET STE 550		STREET ADDRESS	650 NE Holladay, Suite 1400	
CITY-ST-ZIP	SANTA MONICA, CA 90401		CITY-ST-ZIP	Portland, Oregon 97232	
TITLE	S <input type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARON, STANLEY		NAME	Maron, Stanley	
STREET ADDRESS	1250 FOURTH STREET STE 550		STREET ADDRESS	1250 Fourth Street, Suite 550	
CITY-ST-ZIP	SANTA MONICA, CA 90401		CITY-ST-ZIP	Santa Monica, CA 90401	
TITLE	D <input type="checkbox"/> Delete		TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FINERMAN, RALPH		NAME	Eva Kripalani	
STREET ADDRESS	1250 FOURTH ST.		STREET ADDRESS	650 NE Holladay, Suite 1400	
CITY-ST-ZIP	SANTA MONICA, CA 90401		CITY-ST-ZIP	Portland, Oregon 97232	
TITLE	VPT <input type="checkbox"/> Delete		TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, MARK		NAME	Fuller, Mark	
STREET ADDRESS	4340 REDWOOD HWY BLDG B		STREET ADDRESS	573 Park Point Drive	
CITY-ST-ZIP	SAN RAFAEL, CA 94903		CITY-ST-ZIP	Golden, Colorado 80401	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ David S. Kyman, Assistant Secretary			2/22/2005 Date		

50021343



01252005 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL | Zip Code

2/22/2005

50021343
ATTACHMENT
#F94000006380

ATTACHMENT 11.

KNOWLEDGE LEARNING CORPORATION

ADDITIONAL OFFICERS AND DIRECTORS

CEO/D
Thomas A. Heymann
1250 Fourth Street, 6th Floor
Santa Monica, California 90401

VP/D
Adam Cohn
1250 Fourth Street, 6th Floor
Santa Monica, California 90401

VP Accounting/Controller
Paul Tosetti
573 Park Point Drive
Golden, Colorado 80401

SVP/Chief Development Officer
Bruce Walters
650 NE Holladay, Suite 1400
Portland, Oregon 97232

VP
Diane Colum
650 NE Holladay, Suite 1400
Portland, Oregon 97232

VP/AS
Leslie Armstrong
573 Park Point Drive
Golden, Colorado 80401

VP
Karen Gard
573 Park Point Drive
Golden, Colorado 80401

VP
Kathleen Giel
573 Park Point Drive
Golden, Colorado 80401

AS
David S. Kyman
1250 Fourth Street, Suite 550
Santa Monica, California 90401