## 2007 FOR PROFIT CORPORATION

SIGNATURE: \_

## Feb 08, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F94000006380 02-08-2007 90059 005 \*\*\*150.00 1. Entity Name KNOWLEDGE LEARNING CORPORATION 40016406 Principal Place of Business Mailing Address 1250 FOURTH STREET 1250 FOURTH STREET SUITE 550 SUITE 550 SANTA MONICA, CA 90401 SANTA MONICA, CA 90401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional Zio 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ■ Addition TITLE ☐ Delete TITLE YALOW, ELANNA S. NAME NAME 4340 REDWOOD HIGHWAY BLDG B STREET ADDRESS STREET ADDRESS SAN RAFAEL, CA 94903 CITY-ST-ZIP CITY-ST-ZIP CFO ☐ Change X Addition Delete **EVP** TITLE JACKSON, DAN NAME NAME Mark Moreland STREET ADDRESS 650 NE HOLLADAY STE 1400 STREET ADDRESS 650 NE Holladay Suite 1400 Portland, OR 97232 CITY-ST-ZIP CITY-ST-ZIP PORTLAND, OR 97232 ☐ Addition ☐ Change SVP Delete TITLE TITLE **BREWINGTON, EDWARD** NAME NAME STREET ADDRESS STREET ADDRESS 650 NE HOLLADAY STE 1400 PORTLAND, OR 97232 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Defete TITLE MARON, STANLEY NAME NAME 1250 FOURTH STREET STE 550 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SANTA MONICA, CA 90401 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE FINERMAN, RALPH NAME NAME STREET ADDRESS 1250 FOURTH ST. STREET ADDRESS SANTA MONICA, CA 90401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition X Delete TITLE FULLER, MARK NAME NAME STREET ADDRESS **573 PARK POINT DR** STREET ADDRESS CITY-ST-ZIP GOLDEN, CO 80401 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 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.

-STANLEY E. MARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #

## 2007 FOR PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # F9400006380  1. Entity Name KNOWLEDGE LEARNING CORPORATION									ATTACH.	MEN.	Ī	
Principal Place of Business 1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US						US		4	0012	468	2	4
Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112007	Chg-P	CR2E	)34 (12/06)		
City & State			City & State					4. FEI Numb	per PPLICABLE			plied For t Applicable
Zip	Country		Z	Zip Cou		intry		5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Regi				gistered Agent			7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street Address (P.O. Box Number is Not Acceptable)						
7 DANTATION, FE 30024									·			_
		<del></del>				City				FL		
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												
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees												
10. OFFICERS AND DIRECTORS								ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE . NAME	PD YALOW, ELANNA S.			Detete TIT							☐ Change	☐ Addition
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NAME STREET ADDRESS	JACKSON, DAN 650 NE HOLLADAY STE 1400			NAM Stre				rk Moreland ) NE Holladay Suite 1400 rtland, OR 97232				
CITY+ST-ZIP	PORTLAND, OR 97232					ST-ZIP	Port	land, 0	R 97232	2 1400		
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STREET ADDRESS		POINT DR				TADDRESS						Ì
CITY-ST-ZIP	GOLDEN,		are co			ST-ZIP		in Ohana ara	O. Flesida Chr. 1	( do and to a co co	life about the first	
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 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.												
SIGNAT	URE: _	SIGNATURE AND TYPED OR PR	MAN WATER H	AMEDE SIGNENG DEFICER O		TLEY I	E. MA	RON	2-2-	<u>0'/</u>	sylime Phone #	