

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

40014406

[illegible]01112007 Chq-P CR2E034 (12/06)

|                |                |
|----------------|----------------|
| 4. FEI Number  | Applied For    |
| NOT APPLICABLE | Not Applicable |

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

|   |  |  |    |
|---|--|--|----|
| 6. Name and Address of Current Registered Agent                               |  | 7. Name and Address of New Registered Agent        |    |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  | Name   |    |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|   |  |  |    |
|   |  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |  |
|--|--|--|
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2007 Fee will be \$550.00</b></p> | <p>9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/></p> | <p><b>\$5.00</b> May Be<br/>         Added to Fees</p> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>YALOW, ELANNA S.<br>4340 REDWOOD HIGHWAY BLDG B<br>SAN RAFAEL, CA 94903 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>JACKSON, DAN<br>650 NE HOLLADAY STE 1400<br>PORTLAND, OR 97232 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CFO<br>Mark Moreland<br>650 NE Holladay Suite 1400<br>Portland, OR 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>BREWINGTON, EDWARD<br>650 NE HOLLADAY STE 1400<br>PORTLAND, OR 97232 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MARON, STANLEY<br>1250 FOURTH STREET STE 550<br>SANTA MONICA, CA 90401 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FINERMAN, RALPH<br>1250 FOURTH ST.<br>SANTA MONICA, CA 90401 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>FULLER, MARK<br>573 PARK POINT DR<br>GOLDEN, CO 80401 <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STANLEY E. MARON**


Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40012462

|  |  |   |   |   |         |
|--|--|---|---|---|---------|
| DOCUMENT # F94000006380  |  |   |   |  |         |
| 1. Entity Name<br>KNOWLEDGE LEARNING CORPORATION   |  |   |   |   |         |
| Principal Place of Business<br>1250 FOURTH STREET<br>SUITE 550<br>SANTA MONICA, CA 90401 US  |  |   | Mailing Address<br>1250 FOURTH STREET<br>SUITE 550<br>SANTA MONICA, CA 90401 US   |   |         |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |         |
| City & State   |  |   | City & State  |   |         |
| Zip  |  | Country   | Zip   |   | Country |
| 4. FEI Number<br>NOT APPLICABLE  |  |   | Applied For<br>Not Applicable   |   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | \$8.75 Additional Fee Required  |   |         |
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| 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) DATE _____  |  |   |   |   |         |
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| SIGNATURE: <u>Stanley E. Maron</u> STANLEY E. MARON <u>2-2-07</u>  |  |   |   |   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |  |   |   |   |         |