

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006380

FILED
Feb 26, 2009
Secretary of State

Entity Name: KNOWLEDGE LEARNING CORPORATION

Current Principal Place of Business:

1250 FOURTH STREET
SUITE 550
SANTA MONICA, CA 90401 US

New Principal Place of Business:

Current Mailing Address:

1250 FOURTH STREET
SUITE 550
SANTA MONICA, CA 90401 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: YALOW, ELANNA S
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: D () Delete
Name: THORNTON, FELICIA
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: SD () Delete
Name: MARON, STANLEY
Address: 1250 FOURTH STREET STE 550
City-St-Zip: SANTA MONICA, CA 90401

Title: D () Delete
Name: FINERMAN, RALPH
Address: 1250 FOURTH ST.
City-St-Zip: SANTA MONICA, CA 90401

Title: CFO () Delete
Name: MUSKOVICH, JAY
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: DVP () Delete
Name: COHN, ADAM
Address: 1250 FOURTH ST., 6TH FLOOR
City-St-Zip: SANTA MONICA, CA 90401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YALOW, ELANNA
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: P (X) Change () Addition
Name: THORNTON, FELICIA
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: D (X) Change () Addition
Name: MARON, STANLEY
Address: 1250 FOURTH STREET STE 550
City-St-Zip: SANTA MONICA, CA 90401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SIMS, JOHN
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: D (X) Change () Addition
Name: COHN, ADAM
Address: 1250 FOURTH ST., 6TH FLOOR
City-St-Zip: SANTA MONICA, CA 90401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STANLEY MARON

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date