## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000006380

Entity Name: KNOWLEDGE LEARNING CORPORATION

FILED Jan 14, 2011 Secretary of State

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Current Principal Place of Business:	New Principal Place of Business:
1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US	
Current Mailing Address:	New Mailing Address:
1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US	
FEI Number: 06-1097006 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	
The above named entity submits this statement for the in the State of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered A	Agent Date
OFFICERS AND DIRECTORS:	
Title: D	

Name: YALOW, ELANNA

Address: 650 NE HOLLADAY, STE. 1400 City-St-Zip: PORTLAND, OR 97232

Title: F

Name: THORNTON, FELICIA
Address: 650 NE HOLLADAY, STE. 1400
City-St-Zip: PORTLAND, OR 97232

Title: D

Name: MARON, STANLEY

Address: 1250 FOURTH STREET STE 550 City-St-Zip: SANTA MONICA, CA 90401

Title: [

Name: FINERMAN, RALPH
Address: 1250 FOURTH ST., 5TH FLR.
City-St-Zip: SANTA MONICA, CA 90401

Title:

 Name:
 LARGE, ELIZABETH

 Address:
 650 NE HOLLADAY, STE. 1400

 City-St-Zip:
 PORTLAND, OR 97232

Title: \

Name: COHN, ADAM

Address: 1250 FOURTH ST., 6TH FLOOR SANTA MONICA CA

City-St-Zip: SANTA MONICA, CA 90401

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: ADAM COHN V 01/14/2011