

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90151 011 \*\*\*150.00

**DOCUMENT # F96000004319**

1. Entity Name  
**KNOWLEDGE LEARNING ENTERPRISES, INC.**



Principal Place of Business

**573 PARK POINT DRIVE  
GOLDEN, CO 80401**

Mailing Address

**1250 FOURTH STREET  
STE 550  
SANTA MONICA, CA 90401**

**50024090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**75-1304369**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEOD** ☐ Delete  
NAME **BAYMANN, THOMAS A**  
STREET ADDRESS **1250 FOURTH STREET STE 550**  
CITY-ST-ZIP **SANTA MONICA, CA 90401**

TITLE **VST** ☒ Delete  
NAME **VANVEEN, PETER**  
STREET ADDRESS **573 PARK POINT DRIVE**  
CITY-ST-ZIP **GOLDEN, CO 80401**

TITLE **PD** ☐ Delete  
NAME **YALOW, KLAMNS**  
STREET ADDRESS **4340 REDWOOD HWY BLDG B**  
CITY-ST-ZIP **SAN RAFAEL, CA 94903**

TITLE **DT** ☒ Delete  
NAME **AUSTELL, BARBARA**  
STREET ADDRESS **1101 MARKET ST**  
CITY-ST-ZIP **PHILADELPHIA, PA**

TITLE **D** ☒ Delete  
NAME **BARCH, JOSEPH**  
STREET ADDRESS **1250 FOURTH STREET STE 550**  
CITY-ST-ZIP **SANTA MONICA, CA 90401**

TITLE **VD** ☐ Delete  
NAME **COHN, ADAM**  
STREET ADDRESS **1250 FOURTH STREET STE 550**  
CITY-ST-ZIP **SANTA MONICA, CA 90401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOD** ☒ Change ☐ Addition  
NAME **HEYMANN, THOMAS**  
STREET ADDRESS **1250 Fourth Street, 6th Floor**  
CITY-ST-ZIP **Santa Monica, CA 90401**

TITLE **SVP** ☐ Change ☒ Addition  
NAME **KRIPALANI, EVA**  
STREET ADDRESS **650 NE Holladay, Suite 1400**  
CITY-ST-ZIP **Portland, Oregon 97232**

TITLE **PD** ☒ Change ☐ Addition  
NAME **YALOW, ELANNA**  
STREET ADDRESS **4340 Redwood HWY Bldg B**  
CITY-ST-ZIP **San Rafael, CA 94903**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **MARON, STANLEY E.**  
STREET ADDRESS **1250 Fourth Street, Suite 550**  
CITY-ST-ZIP **Santa Monica, Ca 90401**

TITLE **D** ☐ Change ☒ Addition  
NAME **FINERMAN, RALPH**  
STREET ADDRESS **1250 Fourth Street, 5th Floor**  
CITY-ST-ZIP **Santa Monica, Ca 90401**

TITLE **AT** ☐ Change ☒ Addition  
NAME **FULLER, MARK**  
STREET ADDRESS **573 Park Point Drive**  
CITY-ST-ZIP **Golden, CO 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stanley E. Maron, Secretary**

Date

Daytime Phone #

**ATTACHMENT**  
**#F96000004312**  
**50024090**  
**KNOWLEDGE LEARNING ENTERPRISES**

**ATTACHMENT 11.**

**ADDITIONAL OFFICERS**

**EVP/CFO**

Dan Jackson  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**SVP/Chief Development Officer**

Bruce Walters  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**SVP/Human Resources**

Edward Brewington  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**SVP/Operations**

S. Wray Hutchinson  
650 NE Holladay, Suite 1400  
Portland, Oregon 97232

**VP Accounting/Controller**

Paul Tosetti  
573 Park Point Drive  
Golden, Colorado 80401

**VP**

Diane Culum  
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

**AT**

Mark Fuller  
573 Park Point Drive  
Golden, Colorado 80401

**AS**

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