

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004635

1. Entity Name

INVEST LEARNING CORPORATION

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90091 035 \*\*\*150.00

Principal Place of Business

Mailing Address

9920 PACIFIC HEIGHTS BLVD  
200  
SAN DIEGO CA 92121  
US

C/O COWAN & ASSOCIATES  
180 N LASALLE ST. STE 1922  
CHICAGO IL 60601-2605  
US

2. Principal Place of Business

3. Mailing Address

c/o Pearson Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1330 Avenue of the Americas

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10019

USA

4. FEI Number

64-0844661

Applied For

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVTD  
LAVACCA, JOHN  
ONE LAKE ST  
UPPER SADDLE RIVER NJ 07458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
Sayed, shaheda  
1330 Avenue of the Americas  
New York, NY 10019 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
FLEMENBAUM, ARIEH M  
ONE LAKE ST  
UPPER SADDLE RIVER NJ 07458 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
Wharton, Tom  
1330 Avenue of the Americas  
New York, NY 10019 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOVANOVICH, PETER  
ONE LAKE ST  
UPPER SADDLE RIVER NJ 07458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - - - ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DANCY, ROBERT L  
ONE LAKE ST  
UPPER SADDLE RIVER NJ 07458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - - - ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FORTUNE, RONALD F  
ONE LAKE ST  
UPPER SADDLE RIVER NJ 07458 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - - - ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - - - ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- - - - - ☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

THOMAS P. WHARTON 3/31/00 (212) 641-2424

CR2E034 (9/99)