

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90050 023 \*\*\*150.00

**DOCUMENT # F99000004969**

1. Entity Name

COMPASSLEARNING, INC.

Principal Place of Business

7878 NORTH 16TH STREET, SUITE 100  
PHOENIX AZ 85020

Mailing Address

7878 NORTH 16TH STREET, SUITE 100  
PHOENIX AZ 85020

2. Principal Place of Business

9920 PACIFIC HTS BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

City & State

SAN DIEGO CA

4. FEI Number

13-4066535

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

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

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, 2001 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 CEO ☒ Delete  
NAME KENNEY, MARTIN  
STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., SUITE 500  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE P ☐ Change ☒ Addition  
NAME MARK HUBBLE  
STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD #500  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE S ☒ Delete  
NAME RUSSELL, JOYCE F  
STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., SUITE 500  
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE S ☐ Change ☒ Addition  
NAME CHARLES L. LAUREY  
STREET ADDRESS ONE ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE V ☒ Delete  
NAME HEDGES, CURTIS  
STREET ADDRESS 7878 NORTH 16TH STREET, SUITE 100  
CITY-ST-ZIP PHOENIX AZ 85020

TITLE T ☐ Change ☒ Addition  
NAME MARIA IANNUZO  
STREET ADDRESS 7878 N 16TH STREET #100  
CITY-ST-ZIP PHOENIX AZ 85020

TITLE VP ☐ Delete  
NAME CONROY, TIM  
STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., SUITE 500  
CITY-ST-ZIP SAN DIEGO CA 92121

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

TITLE T ☐ Delete  
NAME LYNCH, ROBERT S  
STREET ADDRESS ONE ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY 10020

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

TITLE V ☒ Delete  
NAME LOCKWOOD, NANCY  
STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., SUITE 500  
CITY-ST-ZIP SAN DIEGO CA 92121

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

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:

Maria Iannuzo

MARIA IANNUZO

3/7/01

402-678-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)