

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004969

1. Entity Name
COMPASSLEARNING, INC.



Principal Place of Business
**9920 PACIFIC HTS BLVD.
500
SAN DIEGO, CA 92121**

Mailing Address
**7878 NORTH 16TH STREET, SUITE 100
PHOENIX, AZ 85020**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAJEEV, PURI
STREET ADDRESS	512 SEVENTH AVE
CITY- ST- ZIP	NEW YORK, NY 10018
TITLE	S
NAME	LAUREY, CHARLES L
STREET ADDRESS	ONE ROCKEFELLER PLAZA
CITY- ST- ZIP	NEW YORK, NY 10020
TITLE	T
NAME	IANNUZO, MARIA
STREET ADDRESS	7878 NORTH 16TH STREET, SUITE 100
CITY- ST- ZIP	PHOENIX, AZ 85020
TITLE	T
NAME	LYNCH, ROBERT S
STREET ADDRESS	ONE ROCKEFELLER PLAZA
CITY- ST- ZIP	NEW YORK, NY 10020
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000149937
05/03/04-80206-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Maria Iannuzo **MARIA IANNUZO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 602 678722