


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 005 ***150.00

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		
2. Principal Place of Business 203 COLORADO STREET		3. Mailing Address Suite, Apt. #, etc.			
City & State AUSTIN, TX		City & State Suite, Apt. #, etc.		4. FEI Number 13-4066535	
Zip 78701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAJEEV, PURI 512 SEVENTH AVE NEW YORK, NY 10018	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RALPH CAULO 512 SEVENTH AVE NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUREY, CHARLES L ONE ROCKEFELLER PLAZA NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RICHARD NOTA 512 SEVENTH AVE NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IANNUZO, MARIA 7878 NORTH 16TH STREET, SUITE 100 PHOENIX, AZ 85020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TIMOTHY COLLINS ONE ROCKEFELLER PLAZA NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID BURGSTALLER 11 MADISON AVE, 16TH FLOOR NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>M. Iannuzo</u> MARIA IANNUZO 4-20-06 602 6787272 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					