

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90111 013 ***150.00

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01242008 Chg-P CR2E034 (12/06)

DOCUMENT # F99000004969			
1. Entity Name COMPASSLEARNING, INC.			
Principal Place of Business 203 COLORADO ST AUSTIN, TX 78701		Mailing Address 203 COLORADO ST AUSTIN, TX 78701	
2. Principal Place of Business - No P.O. Box # 203 Colorado Street		3. Mailing Address Reader's Digest Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o Tax Department	
City & State Austin, TX		City & State Pleasantville, NY	
Zip 78701	Country USA	Zip 10570	Country USA
4. FEI Number 13-4066535		Applied For <input type="checkbox"/> Not Applicable	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 LOEFFEL, ERIC 203 COLORADO ST AUSTIN, TX 78701 <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	S ANDREWS, KAREN 512 7TH AVE NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Magill, William Reader's Digest Rd. Pleasantville, NY 10570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T IANNUZO, MARIA 7878 NORTH 16TH STREET, SUITE 100 PHOENIX, AZ 85020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Newborn, Andrea Reader's Digest Rd. Pleasantville, NY 10570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, TIMOTHY ONE ROCKEFELLER PL NEW YORK, NY 10020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Treasurer Vagnini, Michael Reader's Digest Rd. Pleasantville, NY 10570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURGSTATHLER, DAVID 11 MADISON AVE 16TH FL NEW YORK, NY 10010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Sirota, Mark Reader's Digest Rd. Pleasantville, NY 10570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>Michael D. Vagnini</u>		Date: <u>4/21/08</u> Daytime Phone #: <u>914-238-1000</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	