

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004969

Entity Name: COMPASSLEARNING, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

203 COLORADO STREET
AUSTIN, TX 78701

New Principal Place of Business:

Current Mailing Address:

READER'S DIGEST RD.
C/O TAX DEPT.
PLEASANTVILLE, NY 10570

New Mailing Address:

FEI Number: 13-4066535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:	P	() Delete
Name:	LOEFFEL, ERIC	
Address:	203 COLORADO ST	
City-St-Zip:	AUSTIN, TX 78701	
Title:	VP	() Delete
Name:	MAGILL, WILLIAM	
Address:	READER'S DIGEST RD.	
City-St-Zip:	PLEASANTVILLE, NY 10570	
Title:	S	() Delete
Name:	NEWBORN, ANDREA	
Address:	READER'S DIGEST RD.	
City-St-Zip:	PLEASANTVILLE, NY 10570	
Title:	AT	() Delete
Name:	VAGNINI, MICHAEL	
Address:	READER'S DIGEST RD.	
City-St-Zip:	PLEASANTVILLE, NY 10570	
Title:	AS	() Delete
Name:	SIROTA, MARK	
Address:	READER'S DIGEST RD.	
City-St-Zip:	PLEASANTVILLE, NY 10570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	
Title:	() Change () Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. VAGNINI

AT

05/01/2009

Electronic Signature of Signing Officer or Director

Date