

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000005658**

1. Entity Name  
**SKILLSOFT INTERNATIONAL, INC.**



Principal Place of Business  
 20283 STATE ROAD 7, SUITE 300  
 BOCA RATON, FL 33498

Mailing Address  
 20283 STATE ROAD 7, SUITE 300  
 BOCA RATON, FL 33498



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **22-3403388** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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]* **JOHN KEMP** DATE: **7/5/04**

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

U00000164515  
 07/08/04-80011-025 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	KEMP, JOHN
STREET ADDRESS	20283 STATE ROAD 7, SUITE 300
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VST
NAME	KEMP, JOHN
STREET ADDRESS	20283 STATE ROAD 7, SUITE 300
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *[Signature]* **JOHN KEMP** DATE: **7/5/04** DAYTIME PHONE #: **561482-9350**