

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002811

FILED
Apr 21, 2011
Secretary of State

Entity Name: THOMPSON EDUCATION, LLC

Current Principal Place of Business:

C/O KHE
6301 KAPLAN UNIVERSITY AVENUE
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

225 WEST WACKER DRIVE
CHICAGO, IL 60606

Current Mailing Address:

THOMPSON EDUCATION, LLC
1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005

New Mailing Address:

1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005

FEI Number: 60-0000856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: CONLON, JEFFREY
Address: 225 WEST WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: CFO
Name: SEELYE, MATTHEW
Address: 6301 KAPLAN UNIVERSITY AVE
City-St-Zip: FT LAUDERDALE, FL 33309

Title: EVPS
Name: BLOCK, JANICE
Address: 225 WEST WACKER DR.
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: ROSEN, ANDREW
Address: 395 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: D
Name: SEELYE, MATTHEW
Address: 6301 KAPLAN UNIVERSITY AVE
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D
Name: DE MUINCK KEIZER, JOHAN
Address: 395 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARC ST. PIERRE

POA

04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date