2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000128

FILED Jul 15, 2007 Secretary of State

Entity Name: COMMISSION ON ADULT BASIC EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1320 JAMESVILLE AVE. SYRACUSE, NY 13210 **Current Mailing Address: New Mailing Address:** 1320 JAMESVILLE AVE SYRACUSE, NY 13210 FEI Number: 59-3164580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADULT LITERACY LEAGUE INC. 345 W. MICHIGAN STREET SUITE 100 ORLANDO, FL 32806 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GAGLIARDI, DOM GAGLIARDI, DOM Name: Name: 3750 MARY LANE Address: 3750 MARY LANE Address: City-St-Zip: ESCONDIDO, CA 92025 City-St-Zip: ESCONDIDO, CA 92025 Title: () Delete Title: () Change () Addition KORNAHRENS, JULIE Name: Name: Address: 1325-A BOONEHILL RD. Address: City-St-Zip: SUMMERVILLE, SC 29483 City-St-Zip: Title: () Delete Title: (X) Change () Addition WENG, BOB WENG, BOB Name: Name: Address: 5078 KENSINGTON AVE. Address: 5078 KENSINGTON AVE. City-St-Zip: ST. LOUIS, MO 63108 City-St-Zip: ST. LOUIS, MO 63108 Title: () Delete Title: PΕ (X) Change () Addition Name: ANDY, TYSKIEWICZ Name: ANDY, TYSKIEWICZ 111 CHARTER OAK AVENUE 111 CHARTER OAK AVENUE Address: Address: City-St-Zip: HARTFORD, CT 06106 City-St-Zip: HARTFORD, CT 06106 Title: () Delete Title: (X) Change () Addition LAWSON, GAIL DR. HAGERTY, CHERYL Name: Name: 165 STATE STREET SUITE 311 940 LONDON AVENUE SUITE 1600 Address: Address: City-St-Zip: NEW LONDON, CT 06320 City-St-Zip: MARYSVILLE, OH 43040 Title: () Delete Title: () Change () Addition MCDERMOTT, TIM K CPA Name: Name: Address: 10601 MAGNOLIA AVE. Address: SANTEE, CA 92071 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM K MCDERMOTT CFO 07/15/2007