2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N92000000128

Entity Name: COMMISSION ON ADULT BASIC EDUCATION, INC.

Current Principal Place of Business:

1320 JAMESVILLE AVE.
SYRACUSE, NY 13210

New Principal Place of Business:

Current Mailing Address:

1320 JAMESVILLE AVE.
SYRACUSE, NY 13210

New Mailing Address:

FEI Number: 59-3164580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADULT LITERACY LEAGUE INC.
345 W. MICHIGAN STREET
SUITE 100
ORLANDO, FL 32806 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

OFFICERS AND DIRECTORS:

Title:	PP	( ) Delete
Name:	GAGLIARDI, DOM	
Address:	3750 MARY LANE	
City-St-Zip:	ESCONDIDO, CA 92025	
Title:	V	( ) Delete
Name:	KORNAHRENS, JULIE	
Address:	1325-A BOONEHILL RD.	
City-St-Zip:	SUMMERVILLE, SC 29483	
Title:	P	( ) Delete
Name:	WENG, BOB	
Address:	5078 KENSINGTON AVE.	
City-St-Zip:	ST. LOUIS, MO 63108	
Title:	PE	( ) Delete
Name:	ANDY, TYSKIEWICZ	
Address:	111 CHARTER OAK AVENUE	
City-St-Zip:	HARTFORD, CT 06106	
Title:	S	( ) Delete
Name:	HAGERTY, CHERYL	
Address:	940 LONDON AVENUE SUITE 1600	
City-St-Zip:	MARYSVILLE, OH 43040	
Title:	CFO	( ) Delete
Name:	MCDERMOTT, TIM K CPA	
Address:	10601 MAGNOLIA AVE.	
City-St-Zip:	SANTEE, CA 92071	

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:	
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 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 04/18/2009

Electronic Signature of Signing Officer or Director — Date