2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000128

FILED Mar 13, 2010 Secretary of State

Entity Name: COMMISSION ON ADULT BASIC EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1320 JAMESVILLE AVE. 242 WINTHROP ROAD SYRACUSE, NY 13210 SYRACUSE, NY 13206

Current Mailing Address: New Mailing Address:

1320 JAMESVILLE AVE. P.O. BOX 620

SYRACUSE, NY 13210 SYRACUSE, NY 13206

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

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:

Title: PE

Name: HARRISON, RENAE DR.
Address: 114 SOUTH MULBERRY STREET
City-St-Zip: ELIZABETHTOWN, KY 42701

Title: \

Name: KORNAHRENS, JULIE
Address: 1325-A BOONEHILL RD.
City-St-Zip: SUMMERVILLE, SC 29483

Title: PF

 Name:
 WENG, BOB

 Address:
 18 EAST DRAKE

 City-St-Zip:
 ST. LOUIS, MO 63119

Title: F

Name: ANDY, TYSKIEWICZ
Address: 111 CHARTER OAK AVENUE
City-St-Zip: HARTFORD, CT 06106

Title:

Name: LUDWIG, CHARLES Address: P.O. BOX 337

City-St-Zip: PEWEE VALLEY, KY 40056

Title: CFC

 Name:
 MCDERMOTT, TIM K

 Address:
 10601 MAGNOLIA AVE.

 City-St-Zip:
 SANTEE, CA 92071

I hereby 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 all other like empowered.

SIGNATURE: TIM K MCDERMOTT CFO 03/13/2010