

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12304

Entity Name: PROMISSOR, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

C/O NCS PEARSON - CORP TAX DEPT
5601 GREEN VALLEY DRIVE
BLOOMINGTON, MN 554371099 US

New Principal Place of Business:

Current Mailing Address:

C/O NCS PEARSON - CORP TAX DEPT
5601 GREEN VALLEY DRIVE
BLOOMINGTON, MN 554371099 US

New Mailing Address:

FEI Number: 23-2212698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DANCY, ROBERT DIRECTR
Address: 1 LAKE ST.
City-St-Zip: UPPER SADDLE RIVER, NJ 07458 US

Title: D/S () Delete
Name: WELLS, STEVEN A SEC/DIR
Address: 5601 GREEN VALLEY DRIVE
City-St-Zip: BLOOMINGTON, MN 554371099 US

Title: P () Delete
Name: WHELAN, ROBERT PRES
Address: 5601 GREEN VALLEY DRIVE
City-St-Zip: BLOOMINGTON, MN 554371099 US

Title: T () Delete
Name: MARBLE, SCOTT
Address: 5601 GREEN VALLEY DRIVE
City-St-Zip: BLOOMINGTON, MN 554371099 US

Title: AT () Delete
Name: RISCH, DEBRA ASST TR
Address: 5601 GREEN VALLEY DRIVE
City-St-Zip: BLOOMINGTON, MN 554371099 US

Title: V () Delete
Name: WHARTON, THOMAS VPRES
Address: 1330 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 13301 US

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
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA RISCH

AT

03/23/2009

Electronic Signature of Signing Officer or Director

Date