


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90004 045 ***150.00

DOCUMENT # P33132 1. Entity Name WILSON LEARNING CORPORATION	
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Principal Place of Business 8000 W. 78TH ST. SUITE 200 EDINA, MN 55439	Mailing Address 8000 W. 78TH ST. SUITE 200 EDINA, MN 55439
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1688253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORI, SHOZO 25 TRITON SQ. TOWER X, 1-8-10 HARUMI 104-6026 TOKYO, JAPAN, CHUO-U
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IIZUKA, HIROKI 25 TRITON SQ. TOWER X, 1-8-10 HARUMI 1046026 TOKYO, JAPAN, CHUO-U
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTH, THOMAS 8000 W 78TH ST, SUITE 200 EDINA, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVEILLE, EUGENE 243 CRAWFORD STREET NORTHBORO, MA 01532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUUMALA, CHERYL 8000 W 78TH STREET, SUITE 200 EDINA, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Puumala 1/31/07 952-828-8724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #