2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33132

Title:

Name:

Address:

ne: WILSON LEARNING CORPORATIO

FILED Apr 20, 2009 Secretary of State

Entity Na	me: WILSON	LEARNING CORPORATIO	N				
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
8000 W. 7 SUITE 200 EDINA, MI)						
Current M	lailing Addre	ss:	New Mail	New Mailing Address:			
8000 W. 7 SUITE 200 EDINA, MI)						
FEI Number: 41-1688253 FEI Number Applied For ()		FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S PIN PLANTATI The above		DAD	e purpose of changing	ts registered office	e or registered agent,	or both,	
in the State	e of Florida.						
SIGNATU			Α .				
Election Car		nic Signature of Registered / ng Trust Fund Contribution ().	Agent		Date		
OFFICER:	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (MORI, SHOZO) Delete 0 2. TOWER X, 1-8-10 HARUMI	Title: Name: Address: City-St-Zip:		inge () Addition	LOTORS.	
Title: Name: Address: City-St-Zip:	IIZUKA, HIROK	2. TOWER X, 1-8-10 HARUMI	Title: Name: Address: City-St-Zip:	SEKINE, HIDEAKI	ange () Addition WER X, 1-8-10 HARUMI 26 JA		
Title: Name: Address: City-St-Zip:	ROTH, THOMA	ST, SUITE 200	Title: Name: Address: City-St-Zip:	D/P (X) Chi EMDE, ED 8000 W 78TH ST, S EDINA, MN 55439	ange () Addition		
Title: Name: Address: City-St-Zin:	EMDE, EDWA	ST, SUITE 200	Title: Name: Address: City-St-Zin:	T (X) Cha PUUMALA, CHERYI 8000 W 78TH ST, S FDINA MN 55439			

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL PUUMALA T 04/20/2009

(X) Delete

8000 W 78TH STREET, SUITE 200

PUUMALA, CHERYL

City-St-Zip: EDINA, MN 55439

() Change () Addition