

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001210

Entity Name: EDUCATIONAL MEDIA FOUNDATION INCORPORATED**Current Principal Place of Business:**5700 WEST OAKS BLVD
ROCKLIN, CA 95765**Current Mailing Address:**5700 WEST OAKS BLVD
ROCKLIN, CA 95765**FEI Number:** 94-2816342**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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

Officer/Director Detail :

Title CFO, TREASURER
Name ATKINSON, DAVID
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name GOLEMBESKI, WALT
Address 5700 W OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name MASON, ALAN
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title ASST. TREASURER
Name MILLER, JOE
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title COO
Name CHERRY, JANET
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title VC
Name STORDAHL, DEAN
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title CHAIRMAN
Name VOLTSMANN, MARK
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title GENERAL COUNSEL/SECRETARY
Name GRIESHABER, SHAINÉ
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

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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: DAVID ATKINSON**CFO, TREASURER****04/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRANNON, MARK
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name LEWIS, MICHAEL
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title CEO, DIRECTOR
Name REEVES, JON
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name KALLINA, EMIL
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name MOODY, LARRY
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765