

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003793

**Entity Name:** UNBOUNDED LEARNING, INC.

**Current Principal Place of Business:**

228 PARK AVE SOUTH  
ECM #90834  
NEW YORK, NY 10003

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**4474725424CC**

**Current Mailing Address:**

228 PARK AVE SOUTH  
ECM #90834  
NEW YORK, NY 10003 US

**FEI Number:** 47-5223320

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name LOWERY, SONJHIA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name MEJIA, BETH  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name PENGELLY, EMMA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title PRESIDENT/CEO  
Name ROBINSON, LACEY  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title TREASURER  
Name SMITH, LAURA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title SECRETARY  
Name SMITH, LAURA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title CHAIRMAN OF THE BOARD  
Name GOODALL, MAYA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name ROBINSON, LACEY  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

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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:** LAURA SMITH

**SECRETARY**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NELMS, SHAUN  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name COLLINS, TODD  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name BORCHARD, DOUG  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name NGOUNOU, GISLAINE  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title VP, FINANCE OPERATIONS  
Name KHILAWAN, TAKNAUTH  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003

Title DIRECTOR  
Name BRAYTON, SARAH  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003