

**2021 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 10003-1502

**Current Mailing Address:**

228 PARK AVE SOUTH  
ECM #90834  
NEW YORK, NY 10003-1502 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 D, TREASURER, SECRETARY  
Name SMITH, LAURA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title D  
Name BORCHARD, DOUG  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title D  
Name NELMS, SHAUN  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title DIRECTOR  
Name LIVINGSTON, JEFF  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title DIRECTOR  
Name ZIMBA, JASON  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title PRESIDENT, DIRECTOR  
Name ROBINSON, LACEY  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title DIRECTOR  
Name RAMANATHAN, ARUN  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

Title DIRECTOR, CHAIRMAN  
Name GOODALL, MAYA  
Address 228 PARK AVE SOUTH  
ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502

**Continues on page 2**

*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**

**01/29/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PERIGO, MIKE  
Address        228 PARK AVE SOUTH  
                  ECM #90834  
City-State-Zip: NEW YORK NY 10003-1502