

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004932

Entity Name: LEARNING ALLY, INC.**Current Principal Place of Business:**20 ROSZEL RD
PRINCETON, NJ 08540**Current Mailing Address:**20 ROSZEL RD
PRINCETON, NJ 08540**FEI Number: 13-1659345****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICES COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO
Name FRIEDMAN, ANDREW
Address 20 ROSZEL RD
City-State-Zip: PRINCETON NJ 08540

Title D
Name BARANSKI, MARC
Address 116 VILLAGE BOULEVARD, SUITE 200
City-State-Zip: PRINCETON NJ 08540

Title EXECUTIVE VICE PRESIDENT
Name HALLIDAY, JAMES
Address 20 ROSZEL RD
City-State-Zip: PRINCETON NJ 08540

Title TREASURER
Name HALLETT, SIMON
Address 233 LURGAN ROAD
City-State-Zip: NEW HOPE PA 18938

Title DIRECTOR
Name SCHEMAN, CAROL R
Address 151 BEACON ST., UNIT #4
City-State-Zip: BOSTON MA 02115

Title CHAIRMAN
Name GROB, BRAD
Address 1139 ALVIRA STREET
City-State-Zip: LOS ANGELES CA 90035

Title DIRECTOR
Name GRISWOLD, KETTNER
Address 8308 CARDEROCK DRIVE
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name JILLSON, DEBORAH
Address 21 POND MEADOW LANE
City-State-Zip: CROTON ON HUDSON NY 10520

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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: TIM WILSON**CHIEF FINANCIAL
OFFICER****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VC
Name LOGAN, HAROLD J
Address 1325 PEACHTREE ST NE, #201
City-State-Zip: ATLANTA GA 30327

Title SECRETARY
Name PHELAN, KIMBERLEE
Address 5 VAUGHN DR
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name SHIN, SOONKYU
Address 28 RUTGERS TERRACE
City-State-Zip: FAIR LAWN NJ 07410

Title DIRECTOR
Name WRITZ, ROBERT
Address 2800 S UNIVERSITY BLVD #77
City-State-Zip: DENVER CO 80210

Title DIRECTOR
Name LLORENTE, THERESE
Address 5301 S CLARKSON ST
City-State-Zip: GREENWOOD VILLAGE CO 80121

Title DIRECTOR
Name OXMAN, JASON
Address 1101 16TH ST., NW SUITE 402
City-State-Zip: WASHINGTON DC 20036

Title VC
Name LOPES, CELESTE V
Address 20 ROSZEL ROAD
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name SHAYWITZ, SALLY
Address 11 CHESTNUT LANE
City-State-Zip: WOODBRIDGE CT 06525

Title DIRECTOR
Name TOTTEN, S BLEEKER
Address 1 TODD COURT
City-State-Zip: FLORHAM PARK NJ 07932

Title DIRECTOR
Name BENINCASA, JOSEPH
Address 729 SEVENTH AVENUE 10TH FL
City-State-Zip: NEW YORK NY 10019

Title CFO
Name WILSON, TIM
Address 20 ROSZEL ROAD
City-State-Zip: PRINCETON NJ 08540