



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |                    |                                                        |                            |                     |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------|----------------------------|---------------------|---------------------|
| 1. Corporate ID No.<br><b>263992</b>                                                                                                                       |                    | 2. Name of Corporation<br><b>ORIGO EDUCATION, INC.</b> |                            |                     |                     |
| 3. Street Address Principal Business Office<br><b>311 S Main Street</b>                                                                                    |                    | City<br><b>St. Charles</b>                             | State<br><b>MO</b>         | Zip<br><b>63301</b> |                     |
| 4. Business Phone No.<br><b>636-724-8380</b>                                                                                                               |                    | 5. State of Incorporation<br><b>MISSOURI</b>           |                            |                     |                     |
| 6. Principal Business or Other Activity<br><b>Publisher of Mathematical Materials for Schools and Teachers</b>                                             |                    |                                                        |                            |                     |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |                                                        |                            |                     |                     |
| President Name<br><b>JAMES BURNETT</b>                                                                                                                     |                    | Vice President Name<br><b>CALVIN IRONS</b>             |                            |                     |                     |
| Street Address<br><b>311 S Main Street</b>                                                                                                                 |                    | Street Address<br><b>311 S Main Street</b>             |                            |                     |                     |
| City<br><b>St. Charles</b>                                                                                                                                 | State<br><b>MO</b> | Zip<br><b>63301</b>                                    | City<br><b>St. Charles</b> | State<br><b>MO</b>  | Zip<br><b>63301</b> |
| Secretary Name<br><b>SANDRA ATKINS</b>                                                                                                                     |                    | Treasurer Name                                         |                            |                     |                     |
| Street Address<br><b>311 S Main Street</b>                                                                                                                 |                    | Street Address                                         |                            |                     |                     |
| City<br><b>St. Charles</b>                                                                                                                                 | State<br><b>MO</b> | Zip<br><b>63301</b>                                    | City                       | State               | Zip                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |                                                        |                            |                     |                     |
| Director Name<br><b>JAMES BURNETT</b>                                                                                                                      |                    | Director Name                                          |                            |                     |                     |
| Street Address<br><b>311 S Main Street</b>                                                                                                                 |                    | Street Address                                         |                            |                     |                     |
| City<br><b>St. Charles</b>                                                                                                                                 | State<br><b>MO</b> | Zip<br><b>63301</b>                                    | City                       | State               | Zip                 |
| Director Name<br><b>CALVIN IRONS</b>                                                                                                                       |                    | Director Name                                          |                            |                     |                     |
| Street Address<br><b>311 S Main Street</b>                                                                                                                 |                    | Street Address                                         |                            |                     |                     |
| City<br><b>St. Charles</b>                                                                                                                                 | State<br><b>MO</b> | Zip<br><b>63301</b>                                    | City                       | State               | Zip                 |
| 9. SHARES AUTHORIZED                                                                                                                                       |                    |                                                        |                            |                     |                     |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                         |                    |                                                        |                            |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    | Number of Shares                                       | Class/Series               | Par Value           |                     |
|                                                                                                                                                            |                    | <b>30000</b>                                           | <b>COMMON</b>              | <b>\$1</b>          |                     |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|                                 |  |
|---------------------------------|--|
| File Date                       |  |
| Check No.                       |  |
| By                              |  |
| FOR SECRETARY OF STATE USE ONLY |  |

FILED  
JUN 26 2009  
By 093164  
11:40

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Sandra Atkins Date 6/23/09  
Sandra Atkins  
Print or Type Name  
Corporate Secretary & CEO  
Title