

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 856510**

1. Entity Name

FOLLETT HIGHER EDUCATION GROUP, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90117 033 ***150.00

Principal Place of Business	Mailing Address
2233 WEST STREET RIVER GROVE IL 60171-1895 US	2233 WEST STREET RIVER GROVE IL 60171-1895 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	36-2593135	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>VPD</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>HULL, K. J.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 WEST STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RIVER GROVE IL 60171</td><td></td></tr></table>	TITLE	VPD	☐ Delete	NAME	HULL, K. J.		STREET ADDRESS	2233 WEST STREET		CITY-ST-ZIP	RIVER GROVE IL 60171		<table><tr><td>TITLE</td><td>D</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>HULL, K.J.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 West Street</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>River Grove, IL 60171</td><td></td></tr></table>	TITLE	D	☒ Change ☐ Addition	NAME	HULL, K.J.		STREET ADDRESS	2233 West Street		CITY-ST-ZIP	River Grove, IL 60171	
TITLE	VPD	☐ Delete																							
NAME	HULL, K. J.																								
STREET ADDRESS	2233 WEST STREET																								
CITY-ST-ZIP	RIVER GROVE IL 60171																								
TITLE	D	☒ Change ☐ Addition																							
NAME	HULL, K.J.																								
STREET ADDRESS	2233 West Street																								
CITY-ST-ZIP	River Grove, IL 60171																								
<table><tr><td>TITLE</td><td>PD</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>BAUMANN, JAMES</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 WEST STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RIVER GROVE IL</td><td></td></tr></table>	TITLE	PD	☐ Delete	NAME	BAUMANN, JAMES		STREET ADDRESS	2233 WEST STREET		CITY-ST-ZIP	RIVER GROVE IL		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	☐ Delete																							
NAME	BAUMANN, JAMES																								
STREET ADDRESS	2233 WEST STREET																								
CITY-ST-ZIP	RIVER GROVE IL																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>LITZINGER, MARK R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 WEST STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RIVER GROVE IL</td><td></td></tr></table>	TITLE	D	☐ Delete	NAME	LITZINGER, MARK R		STREET ADDRESS	2233 WEST STREET		CITY-ST-ZIP	RIVER GROVE IL		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	☐ Delete																							
NAME	LITZINGER, MARK R																								
STREET ADDRESS	2233 WEST STREET																								
CITY-ST-ZIP	RIVER GROVE IL																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>TD</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>STANTON, KATHRYN A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 WEST STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RIVER GROVE IL 60171</td><td></td></tr></table>	TITLE	TD	☐ Delete	NAME	STANTON, KATHRYN A		STREET ADDRESS	2233 WEST STREET		CITY-ST-ZIP	RIVER GROVE IL 60171		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD	☐ Delete																							
NAME	STANTON, KATHRYN A																								
STREET ADDRESS	2233 WEST STREET																								
CITY-ST-ZIP	RIVER GROVE IL 60171																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>S</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>MC MAHON, DENNIS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 WEST STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RIVER GROVE IL 60171</td><td></td></tr></table>	TITLE	S	☐ Delete	NAME	MC MAHON, DENNIS		STREET ADDRESS	2233 WEST STREET		CITY-ST-ZIP	RIVER GROVE IL 60171		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	☐ Delete																							
NAME	MC MAHON, DENNIS																								
STREET ADDRESS	2233 WEST STREET																								
CITY-ST-ZIP	RIVER GROVE IL 60171																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td>☒ Delete</td></tr><tr><td>NAME</td><td>FOLLETT, CHARLES R JR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 WEST STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>RIVER GROVE IL</td><td></td></tr></table>	TITLE	D	☒ Delete	NAME	FOLLETT, CHARLES R JR		STREET ADDRESS	2233 WEST STREET		CITY-ST-ZIP	RIVER GROVE IL		<table><tr><td>TITLE</td><td>D</td><td>☐ Change ☒ Addition</td></tr><tr><td>NAME</td><td>TRAUT, CHRISTOPHER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2233 West Street</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>River Grove, IL 60171</td><td></td></tr></table>	TITLE	D	☐ Change ☒ Addition	NAME	TRAUT, CHRISTOPHER		STREET ADDRESS	2233 West Street		CITY-ST-ZIP	River Grove, IL 60171	
TITLE	D	☒ Delete																							
NAME	FOLLETT, CHARLES R JR																								
STREET ADDRESS	2233 WEST STREET																								
CITY-ST-ZIP	RIVER GROVE IL																								
TITLE	D	☐ Change ☒ Addition																							
NAME	TRAUT, CHRISTOPHER																								
STREET ADDRESS	2233 West Street																								
CITY-ST-ZIP	River Grove, IL 60171																								

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis A. McMahon Dennis A. McMahon 1/11/01 708/583-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)