


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90041 016 ***150.00

DOCUMENT # 856510
 1. Entity Name
FOLLETT HIGHER EDUCATION GROUP, INC.



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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 36-2593135 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT RIVERS, PATRICK J 2233 WEST STREET RIVER GROVE, IL 60171 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LITZSINGER, MARK R 2233 WEST STREET RIVER GROVE, IL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STANTON, KATHRYN A 2233 WEST STREET RIVER GROVE, IL 60171 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MC MAHON, DENNIS 2233 WEST STREET RIVER GROVE, IL 60171 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DIRECTOR TRAUT, CHRISTOPHER 2233 WEST STREET RIVER GROVE, IL 60171 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT TOM CHRISTOPHER 2233 WEST STREET RIVER GROVE, IL 60171 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/17/06 705-583-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #