


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90010 047 ***150.00

DOCUMENT # F93000003886

1. Entity Name
KAPLAN HIGHER EDUCATION CORPORATION



Principal Place of Business 1400 HEMBREE RD. STE 100 ROSWELL, GA 30076	Mailing Address 1400 HEMBREE RD. STE 100 ROSWELL, GA 30076
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54016904



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838445	65-0038445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PCD KERBER, GARY S 1400 HEMBREE RD., STE 100 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SERLYE, MATTHEW 1400 HEMBREE RD., STE 100 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLON, VERONICA 888 SEVENTH AVENUE NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYER, JONATHAN 888 SEVENTH AVENUE NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ANDREW 888 SEVENTH AVENUE NEW YORK, NY 10106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMACHEK, ROSS 888 SEVENTH AVENUE NEW YORK, NY 10106

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M. C. Serlye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04
Date Daytime Phone #