


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90037 048 \*\*\*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**

**30027253**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0038445**

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 RD.  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

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. 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KERBER, GARY S 1400 HEMBREE RD., STE 100 ROSWELL, GA 30076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SERLYE, MATTHEW 1400 HEMBREE RD., STE 100 ROSWELL, GA 30076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CFO Seelye, Matthew <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Hembree Road, Ste 100 Roswell, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLON, VERONICA 888 SEVENTH AVENUE NEW YORK, NY 10106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Dillon, Veronica <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYER, JONATHAN 888 SEVENTH AVENUE NEW YORK, NY 10106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ANDREW 888 SEVENTH AVENUE NEW YORK, NY 10106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMACHEK, ROSS 888 SEVENTH AVENUE NEW YORK, NY 10106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Matthew C. Seelye Matthew Seelye 3/16/05 770-510-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #