
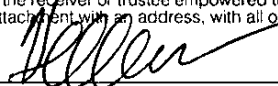


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90241 050 \*\*\*150.00

DOCUMENT # F93000003886					
1. Entity Name KAPLAN HIGHER EDUCATION CORPORATION					
Principal Place of Business 3750 BROOKSIDE PKWY SUITE 150 (ATTN: ACCOUNTING MGR.) ALPHARETTA, GA 30022			Mailing Address 3750 BROOKSIDE PKWY SUITE 150 (ATTN: ACCOUNTING MGR.) ALPHARETTA, GA 30022		
2. Principal Place of Business - No P.O. Box # 6301 Kaplan University Ave		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Lauderdale, FL		City & State		4. FEI Number 65-0038445	
Zip 33309		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONLON, JEFF 550 W VAN BUREN CHICAGO, IL 60607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 311 S Wacker Drive Chicago, IL 60606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SEEYLE, MATTHEW 3750 BROOKSIDE PKWY STE 150 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T 6301 Kaplan University Ave Ft Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LYNN, JACALYN 4646 E. VAN BUREN PHOENIX, AZ 85008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY BLOCK, JANICE 311 S. WACKER DRIVE Chicago, IL 60606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROSEN, ANDREW 888 SEVENTH AVENUE NEW YORK, NY 10106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR 6301 Kaplan University Ave Ft Lauderdale, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CORSER, KEVIN 3750 BROOKSIDE PKWY., STE 150 ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Robert Lane 888 Seventh Avenue, 23rd Floor New York, NY 10106		
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: 		Kevin Corser		4/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				770-360-6100	