

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003886

FILED
Apr 13, 2009
Secretary of State

Entity Name: KAPLAN HIGHER EDUCATION CORPORATION

Current Principal Place of Business:

6301 KAPLAN UNIVERSITY AVE
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3750 BROOKSIDE PKWY
SUITE 150 (ATTN: ACCOUNTING MGR.)
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 65-0038445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONLON, JEFF
Address: 311 S WACKER DR
City-St-Zip: CHICAGO, IL 60606

Title: T () Delete
Name: SEEYLE, MATTHEW
Address: 6301 KAPLAN UNIVERSITY AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S (X) Delete
Name: BLOCK, JANICE
Address: 311 S. WACKER DR
City-St-Zip: CHICAGO, IL 60606

Title: D (X) Delete
Name: ROSEN, ANDREW
Address: 6301 KAPLAN UNIVERSITY AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: AT (X) Delete
Name: CORSER, KEVIN
Address: 3750 BROOKSIDE PKWY., STE 150
City-St-Zip: ALPHARETTA, GA 30022

Title: D (X) Delete
Name: LANE, ROBERT
Address: 888 SEVENTH AVE, 23RD ST
City-St-Zip: NEW YORK, NY 10106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: CORSER, KEVIN
Address: 3750 BROOKSIDE PKWY
City-St-Zip: ALPHARETTA, GA 30022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN CORSER

AT

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date