## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9800001292

Argosy Education Group, Inc.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

Zip

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SOUTH CLARK STREET, SUITE 300 CHICAGO IL 80603

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

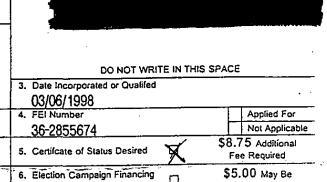
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20 SOUTH CLARK STREET. SUITE 300 CHICAGO IL 60603

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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Trust Fund Contribution Added to Fees

Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Name

NRAI Services, Inc. 526 E. Park Ave. Tallahassee, FL 32301

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- 1	~ 4	C14				185	Zip Code	
	84	City				1001		

82 Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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agent. I a	m familiar with, and accept the obligations of	k, Section 607.0303, Florid	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIR		13.		CHANGES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE	PID		Change	noilibbA 🗌
WANE	O'DONNELL, HAROLD		1.2 NAME				
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CITY-ST-ZIP	CHICAGO IL 60610		1.4 CITY-ST-ZP	)	0000348		<del>õр —</del>
nae	V	DELETE	2.1 TITLE		-11/30/00= ****158.7	_ *****1. ບາໄດ່•Cheude ດ	Acomon
NALTE	WYSE, BENJAMIN		22 NAME		本本本本 1 ⊃ ○ . 1 ·	S andrawall	)(_1
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CITY-ST-ZIP	CHICAGO-IL 60603		2.4 CITY-ST-ZIP	عودسد ياسيه ٠			<u> </u>
TITLE	SD	DELETE	3.1 TITLE			Change	Addition
NAME .	MANGUM, RONALD	•	32 NAME				
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CITY-ST-ZIP	CHICAGO IL 60601		3.4. CITY-ST-ZIP				
TITLE	TC	☐ DELETE	4.1 TITLE			Change	Addition
MANE -	MARKOVITZ, MICHAEL C	•	4, 2 NAME		۱ ۸ ۸		
STREET ADDRESS	20 SOUTH CLARK STREET		4.3 STREET ADDRESS		N M 11/2	<b>ય</b>	
CITY-ST-ZIP	CHICAGO IL 60603		4.4 CITY-ST-ZIP		Millo		
TITLE	D	☐ DELETE	5.1 TITLE		- $L$	Change	Addition
F	HERST, THEODORE J	•	5.2 NAME				
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CITY+ST-ZIP :	WINNETKA IL 60093		5,4 CITY-ST-ZIP				
mre ;		DELETE	6.1 TITLE	CFO		- Change	Addition
WIE			6.2 NAME	CHARLES, G.	RK, BRD FU	<i>ب</i>	
: STREET ADOPESS			6.3 STREET ADDRESS	20 %. CLA	KK, SRD FO	L.%	
CITY-ST-ZIP	·		6.4 CTY+ST+ZEP	CHICAGI	, 11 6060	3	

14. I hereby ceruly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is flue and accurate and this my sineature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or to stee empowered to execute the floor as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address, with all others empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PEN SO NAME OF SIGNING DEFICER OF DIRECTOR

423/CO 312-)75350 Date | Daytime Priore 8

## (d)

## 2000 Uniform Business Report (UBR) American Schools of Professional Psychology Inc. Document #F98000001292

12. Additional Information

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Knab, Karen

20 South Clark Street, Third Floor

Chicago, IL 60603

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Mercer, Michael W.

20 South Clark Street, Third Floor

Chicago, IL 60603

D

Shiner, Kalman K.

20 South Clark Street, Third Floor

Chicago, IL 60603

D

Simmons, Leslie M.

20 South Clark Street, Third Floor

Chicago, IL 60603





Florida Department of State Division of Corporations P.O Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the annual report for Argosy Education Group, Inc. It includes the report form, the filing fee of \$150.00 and \$8.75 for a certificate of status, for a total fee of \$158.75.

This report was originally filed in May of this year. Attached are copies of the original filing and the check. Unfortunately, this information was not received by your office. Your office has advised that submitting this information, along with the original filing fee, would be sufficient for reinstatement.

Thank you for your assistance in this matter. If you have additional concerns or need further information, please contact me at 312-279-3818.

Sincerely,

Bonnie Shadid

Director of Educational Compliance