

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90035 047 \*\*\*550.00

0139499 FP

**DOCUMENT # F98000001292**  
 1. Entity Name  
**ARGOSY EDUCATION GROUP, INC.** *NC 11-13-00 MS*

Principal Place of Business  
**20 SOUTH CLARK STREET, SUITE 300**  
**CHICAGO IL 60603**

Mailing Address  
**20 SOUTH CLARK STREET, SUITE 300**  
**CHICAGO IL 60603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**20 South Clark Street**  
 Suite, Apt. #, etc.  
**SUITE 2800**  
 City & State  
**Chicago, Illinois**  
 Zip  
**60603** Country  
**USA**

3. Mailing Address  
**20 South Clark Street**  
 Suite, Apt. #, etc.  
**SUITE 2800**  
 City & State  
**Chicago, Illinois**  
 Zip  
**60603** Country  
**USA**

4. FEI Number **36-2855674** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**C/O CT 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>O'DONNELL, HAROLD</b> <b>875 NORTH LASALLE STREET</b> <b>CHICAGO IL 60610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Harold J. O'Donnell</b> <b>20 South Clark Street, Suite 2800</b> <b>Chicago, Illinois 60603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC</b> <b>MARKOVITZ, MICHAEL C</b> <b>20 SOUTH CLARK STREET</b> <b>CHICAGO IL 60603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC</b> <b>Michael C. Markovitz</b> <b>20 South Clark Street, Suite 2800</b> <b>Chicago, Illinois 60603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERST, THEODORE J</b> <b>1319 TRAPP LANE</b> <b>WINNETKA IL 60093</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jim Otten</b> <b>20 South Clark Street, Suite 2800</b> <b>Chicago, Illinois 60603</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>GRADOWSKI, CHARLES</b> <b>20 SOUTH CLARK STREET</b> <b>CHICAGO IL 60603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Charles Gradowski</b> <b>20 South Clark Street, Suite 2800</b> <b>Chicago, Illinois 60603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNAB, KAREN</b> <b>20 SOUTH CLARK STREET, THIRD FLOOR</b> <b>CHICAGO IL 60603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Karen Knab</b> <b>20 South Clark Street, Suite 2800</b> <b>Chicago, Illinois 60603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCER, MICHAEL W</b> <b>20 SOUTH CLARK STREET, THIRD FLOOR</b> <b>CHICAGO IL 60603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Michael W. Mercer</b> <b>20 South Clark Street, Suite 2800</b> <b>Chicago, Illinois 60603</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles T Gradowski* **CHARLES T GRADOWSKI** 7/20/01 312 279-3803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# F98060001292  
A0082353

**Additions/Changes to Officers and Directors in 11**

Title: D (Addition)  
Name: Kalman K. Shiner  
Street Address: 20 South Clark Street, Suite 2800  
City/State/Zip: Chicago, Illinois 60603

Title: VP (Addition)  
Name: Leslie M. Simmons  
Street Address: 20 South Clark Street, Suite 2800  
City/State/Zip: Chicago, Illinois 60603

Title: D (Addition)  
Name: Jeffrey T. Leeds  
Street Address: c/o Bridgid McCarthy  
660 Madison Avenue, 15<sup>th</sup> FLR  
City/State/Zip: New York, New York 10021