

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90078 012 \*\*\*150.00

**DOCUMENT # F98000001292**

1. Entity Name  
**ARGOSY EDUCATION GROUP, INC.**

Principal Place of Business      Mailing Address  
**20 SOUTH CLARK STREET, SUITE 2800**      **20 SOUTH CLARK STREET, SUITE 2800**  
**CHICAGO IL 60603**      **CHICAGO IL 60603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**C/O CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, HAROLD	
STREET ADDRESS	875 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	MARKOVITZ, MICHAEL C	
STREET ADDRESS	20 SOUTH CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERST, THEODORE J	
STREET ADDRESS	1319 TRAPP LANE	
CITY-ST-ZIP	WINNETKA IL 60093	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	GRADOWSKI, CHARLES	
STREET ADDRESS	20 SOUTH CLARK STREET	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNAB, KAREN	
STREET ADDRESS	20 SOUTH CLARK STREET, THIRD FLOOR	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERCER, MICHAEL W	
STREET ADDRESS	20 SOUTH CLARK STREET, THIRD FLOOR	
CITY-ST-ZIP	CHICAGO IL 60603	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James T. Otten	
STREET ADDRESS	20 South Clark St. Ste. 2800	
CITY-ST-ZIP	Chicago IL 60603	
TITLE	Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael C. Markovitz	
STREET ADDRESS	20 South Clark St. Ste. 2800	
CITY-ST-ZIP	Chicago IL 60603	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kristen P. Gribble	
STREET ADDRESS	300 Sixth Ave. 8th Floor	
CITY-ST-ZIP	Pittsburgh PA 15222	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick W. Steinberg	
STREET ADDRESS	300 Sixth Ave. 8th Floor	
CITY-ST-ZIP	Pittsburgh PA 15222	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert B. Knutson	
STREET ADDRESS	300 Sixth Ave. 8th Floor	
CITY-ST-ZIP	Pittsburgh PA 15222	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert P. Gioella	
STREET ADDRESS	300 Sixth Ave., 8th Floor	
CITY-ST-ZIP	Pittsburgh PA 15222	

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: *Frederick W. Steinberg*      **REQUIRED**      *Secretary*      4/19/02      412-562-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)