


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90001 041 \*\*\*150.00

**DOCUMENT # F98000001292**  
 1. Entity Name  
**ARGOSY EDUCATION GROUP, INC.**



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

Mailing Address  
**C/O EDMC 210 SIXTH AVE.  
 33RD FLOOR  
 PITTSBURGH, PA 15222**

**50002010**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**36-2855674**

Applied For  
 Not Applicable

City & State

Zip Country

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

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P**  Delete  
 NAME **O'BRIEN, GREGORY**  
 STREET ADDRESS **20 S. CLARK ST. STE. 2800**  
 CITY-ST-ZIP **CHICAGO, IL 60603**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MARKOVITZ, MICHAEL C**  
 STREET ADDRESS **20 SOUTH CLARK ST. STE 2800**  
 CITY-ST-ZIP **CHICAGO, IL 60603**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **GRIBBLE, KRISTEN**  
 STREET ADDRESS **210 SIXTH AVE. 33RD FL.**  
 CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE **Treasurer**  Change  Addition  
 NAME **Daniel K. O'Day**  
 STREET ADDRESS **210 Sixth Ave., 33rd Fl.**  
 CITY-ST-ZIP **Pittsburgh PA 15222**

TITLE **D**  Delete  
 NAME **BROOKS, J. WILLIAM**  
 STREET ADDRESS **210 SIXTH AVE. 33RD FL.**  
 CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **STEINBERG, FREDERICK W**  
 STREET ADDRESS **210 SIXTH AVE. 33RD FL**  
 CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MCKERNAN, JOHN R**  
 STREET ADDRESS **210 SIXTH AVE., 33RD FL**  
 CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE **Asst. secretary**  Change  Addition  
 NAME **Susan Minahan**  
 STREET ADDRESS **210 Sixth Ave. 33rd Fl.**  
 CITY-ST-ZIP **Pittsburgh PA 15222**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan Minahan Susan Minahan, Asst. Sec. 1/7/05 412-562-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #