2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State
08-04-2002 90158 030 ***550.00

B0133421

DOCUMENT # P11201

1. Entity Name
NOBEL LEARNING COMMUNITIES, INC. ✓

Principal Place of Business	Mailing Address
ROSE TREE CORPORATE CENTER II 1400 N. PROVIDENCE RD.. STE. 3055 MEDIA PA 19063 US	ROSE TREE CORPORATE CENTER II 1400 N. PROVIDENCE RD.. STE. 3055 MEDIA PA 19063 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1615 West Chester Pike	1615 West Chester Pike
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: West Chester, PA	City & State: West Chester, PA
Zip: 19382-7956 Country: U.S.A.	Zip: 19382-7956 Country: U.S.A.

4. FEI Number 22-2465204 ☐ 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
1200 S. PINE ISLAND ROAD
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. 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

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 13, 2002 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	CCEO CLEGG, A. J 1400 N. PROVIDENCE RD. SUITE 3055 MEDIA PA 19063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPFA DEANGELO, YVONNE 1400 N. PROVIDENCE RD. SUITE 3055 MEDIA PA 19063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOBEL, ROBERT 5300 N. POWERLINE RD. FT. LAUDERDALE FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP FROCK, JOHN R 1400 N. PROVIDENCE RD. SUITE 3055 MEDIA PA 19063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO BAILEY, WILLIAM E VP 1400 N. PROVIDENCE RD. STE. 3055 MEDIA PA 19063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, EDWARD WAWA,INC. BALTIMORE PIKE/RED ROOF MEDIA PA 19063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/02)

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: [signature] SIGNATURE REQUIRED July 25, 2002 484-947-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #