

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90031 012 ***150.00

DOCUMENT # P11201 1. Entity Name NOBEL LEARNING COMMUNITIES, INC.					
Principal Place of Business 1615 WEST CHESTER PIKE SUITE 200 WEST CHESTER, PA 19382-7956 US			Mailing Address 1615 WEST CHESTER PIKE SUITE 200 WEST CHESTER, PA 19382-7956 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 22-2465204	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	CCEO BERNSTEIN, GEORGE H 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P Bernstein, George H. 1615 West Chester Pike West Chester, PA 19382 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DEANGELO, YVONNE 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, Peter H BALDWIN INVESTMENT MGMT 100 FOUR FALLS CORP. CTR., Suite 202 West Conshohocken, PA 19382 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, CLEGG 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANK, T. THOMAS 1615 WEST CHESTER PIKE, Suite 200 West Chester, PA 19382 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONACO, EUGENE 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNOCK, DAVID CAMDEN PATENTERS, INC ONE SOUTH ST., Suite 2150 BALTIMORE, MD 21202 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BAILEY, WILLIAM E VP 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CRANE, THERESA 1615 West Chester Pike, Suite 200 West Chester, PA 19382 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHAMBERS, EDWARD 1615 WEST CHESTER PIKE WEST CHESTER, PA 193827956 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINK, STEVEN B KNOX EDGE UNIVERSE, INC 1250 FOURTH ST, 6TH FLOOR SANTA MONICA, CA 90401 ☐ Change ☒ Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Yvonne DeAngelo</i> 3/4/04 (484) 947-2000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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