FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04748** **(0)**

1. Corporation Name

STANLEY H. KAPLAN EDUCATIONAL CENTER LTD. INC.

Principal Place of Business	Mailing Address
810 SEVENTH AVENUE NEW YORK NY 10019	810 SEVENTH AVENUE NEW YORK NY 10019

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **01/23/1985**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **22-2573250** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SPOON, ALAN G.		12 NAME	
STREET ADDRESS	810 7TH AVE		13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COHEN, MARTIN		22 NAME	
STREET ADDRESS	5024 BALTAN RD		23 STREET ADDRESS	
CITY-ST-ZIP	BETHSDA MD		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	COHEN, JEFFREY		32 NAME	
STREET ADDRESS	810 7TH AVE		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DILLON, VERONICA		42 NAME	
STREET ADDRESS	445 E 86TH ST		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	CLELAND, DAVID		52 NAME	
STREET ADDRESS	810 7TH AVE		53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		54 CITY-ST-ZIP	
TITLE	CEOD	☐ DELETE	61 TITLE	☑ Change ☐ Addition
NAME	GRAVER, JONATHAN N.		62 NAME	Grayer, Jonathan N.
STREET ADDRESS	810 7TH AVE		63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added, above with an address.

SIGNATURE: X _____ Robert Lane — 3/26/96 — (212) 492-5841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)