

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 014 ***150.00

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1. Entity Name

RHODES COLLEGES, INC.



Principal Place of Business

6 HUTTON CTR DRIVE, SUITE 400
SANTA ANA CA 92707-5764

Mailing Address

6 HUTTON CTR DRIVE, SUITE 400
SANTA ANA CA 92707-5764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number
33-0717311

Applied For
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 ROAD
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. 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

Make Check Payable to Florida Department of State

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
CCEO
MOORE, DAVID G ☐ Delete
STREET ADDRESS
6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP
SANTA ANA CA 92707-5764

TITLE
NAME
C
David G. Moore ☒ Change ☐ Addition
STREET ADDRESS
6 Hutton Centre Dr., Ste. 400
CITY-ST-ZIP
Santa Ana, CA 92707

TITLE
NAME
P
PARMA, JACQUELYN ☒ Delete
STREET ADDRESS
6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP
SANTA ANA CA 92707-5764

TITLE
NAME
PCOO
Nolan A. Miura ☐ Change ☒ Addition
STREET ADDRESS
6 Hutton Centre Drive, Ste. 400
CITY-ST-ZIP
Santa Ana, CA 92707

TITLE
NAME
VPS
MORTENSEN, STAN ☐ Delete
STREET ADDRESS
6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP
SANTA ANA CA 92707-5764

TITLE
NAME

☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
VD
DEVEREUX, DENNIS L ☒ Delete
STREET ADDRESS
6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP
SANTA ANA CA 92707-5764

TITLE
NAME
DCEO
Jack D. Massimino ☐ Change ☒ Addition
STREET ADDRESS
6 Hutton Centre Dr., Ste. 400
CITY-ST-ZIP
Santa Ana, CA 92707

TITLE
NAME
V
DEVEREUX, DENNIS L ☒ Delete
STREET ADDRESS
6 HUTTON CTR DRIVE, SUITE 400
CITY-ST-ZIP
SANTA ANA CA 92707-5764

TITLE
NAME
T.
Robert C. Owen ☐ Change ☒ Addition
STREET ADDRESS
6 Hutton Centre Dr., Ste. 400
CITY-ST-ZIP
Santa Ana, CA 92707

TITLE
NAME
VP
WILSON, BETH ☐ Delete
STREET ADDRESS
6 HUTTON CENTRE DR #400
CITY-ST-ZIP
SANTA ANA CA 92707-5764

TITLE
NAME
VD
Beth A. Wilson ☒ Change ☐ Addition
STREET ADDRESS
6 Hutton Centre Dr., Ste. 400
CITY-ST-ZIP
Santa Ana, CA 92707

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:

Stan A. Mortensen

Stan A. Mortensen

2 / 1 / 05

(714) 427-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #