

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004601

Entity Name: LE CORDON BLEU INSTITUTE OF CULINARY ARTS, INC.**Current Principal Place of Business:**231 N. MARTINGALE ROAD
SCHAUMBURG, IL 60173**Current Mailing Address:**231 N. MARTINGALE ROAD
SCHAUMBURG, IL 60173**FEI Number:** 25-1548137**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DRTR
Name	AYERS, JEFFREY D
Address	231 N. MARTINGALE ROAD
City-State-Zip:	SCHAUMBURG IL 60173

Title	ASEC
Name	ZILCH, KENNETH R
Address	231 N. MARTINGALE ROAD
City-State-Zip:	SCHAUMBURG IL 60173

Title	VP
Name	AYERS, JEFFREY D
Address	231 N. MARTINGALE ROAD
City-State-Zip:	SCHAUMBURG IL 60173

Title	CFO
Name	O'SULLIVAN, COLLEEN M
Address	231 N. MARTINGALE ROAD
City-State-Zip:	SCHAUMBURG IL 60173

Title	TREA
Name	SHERWOOD, JAMES M
Address	231 N. MARTINGALE ROAD
City-State-Zip:	SCHAUMBURG IL 60173

Title	SECR
Name	RAGO, GAIL B
Address	231 N. MARTINGALE ROAD
City-State-Zip:	SCHAUMBURG IL 60173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH R ZILCH**ASST SECRETARY****03/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date