

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11201

**Entity Name:** NOBEL LEARNING COMMUNITIES, INC.

**Current Principal Place of Business:**

1615 WEST CHESTER PIKE  
SUITE 200  
WEST CHESTER, PA 19382-6223

**Current Mailing Address:**

1615 WEST CHESTER PIKE  
SUITE 200  
WEST CHESTER, PA 19382-6223 US

**FEI Number:** 22-2465204

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           CEOP  
Name           BERNSTEIN, GEORGE H  
Address        1615 WEST CHESTER PIKE  
City-State-Zip: WEST CHESTER PA 19382

Title           CFO  
Name           FRANK, THOMAS  
Address        1615 WEST CHESTER PIKE SUITE  
                  200  
City-State-Zip: WEST CHESTER PA 19382

Title           S  
Name           BOHS, G. LEE  
Address        1615 WEST CHESTER PIKE SUITE  
                  200  
City-State-Zip: WEST CHESTER PA 19382

Title           D  
Name           BERNSTEIN, GEORGE H  
Address        1615 WEST CHESTER PIKE SUITE 200  
City-State-Zip: WEST CHESTER PA 19382

Title           D  
Name           BERSTEIN, ROB  
Address        1615 WEST CHESTER PIKE SUITE 200  
City-State-Zip: WEST CHESTER PA 19382

*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:** G. LEE BOHS

**SECRETARY**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date