

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 856510**

1. Entity Name  
**FOLLETT HIGHER EDUCATION GROUP, INC.**



Principal Place of Business  
**2233 WEST STREET  
RIVER GROVE, IL 60171-1895 US**

Mailing Address  
**2233 WEST STREET  
RIVER GROVE, IL 60171-1895 US**



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-2593135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	AT
NAME	RIVERS, PATRICK J
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL 60171

TITLE	D
NAME	LITZINGER, MARK R
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL

TITLE	TD
NAME	STANTON, KATHRYN A
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL 60171

TITLE	S
NAME	MC MAHON, DENNIS
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL 60171

TITLE	PD
NAME	TRAUT, CHRISTOPHER
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL 60171

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000323917  
04/22/05-80071-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05  
Date

708 437 2305  
Daytime Phone #