

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90041 016 \*\*\*150.00

**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



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

36-2593135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

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, 2006 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	LITZSINGER, 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	<del>PD</del> DIRECTOR
NAME	TRAUT, CHRISTOPHER
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL 60171
TITLE	PRESIDENT
NAME	TOM CHRISTOPHER
STREET ADDRESS	2233 WEST STREET
CITY-ST-ZIP	RIVER GROVE, IL 60171

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Date

708-583-2000

Daytime Phone #