# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2005**
**Secretary of State**

DOCUMENT# F00000004536

**Entity Name:** KAPLAN EARLY LEARNING COMPANY

**Current Principal Place of Business:**

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE, NC 27023

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 609
LEWISVILLE, NC 270230609

**New Mailing Address:**

**FEI Number: 56-0935286** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LOFTIS, TAMARA W
10407 CENTURION PARKWAY NORTH, SUITE 102
JACKSONVILLE, FL 32256 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: MARCERON, MATTHEW B
Address: 1310 LEWISVILLE-CLEMMONS ROAD
City-St-Zip: LEWISVILLE, NC 27023

Title: CD ( ) Delete
Name: KAPLAN, HOWARD J
Address: 1310 LEWISVILLE-CLEMMONS ROAD
City-St-Zip: LEWISVILLE, NC 27023

Title: D ( ) Delete
Name: KAPLAN, IAN T
Address: 1117 GLOUSMAN DRIVE
City-St-Zip: WINSTON-SALEM, NC 27104

Title: D ( ) Delete
Name: MURRAY, SANDI S
Address: 602 FORDS LANDINGS WAY
City-St-Zip: ALEXANDRIA, VA 22314

Title: D ( ) Delete
Name: KAPLAN, ANNETTE
Address: 443 BAUER AVENUE
City-St-Zip: LOUISVILLE, KY 40202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MATTHEW B MARCERON S 01/07/2005
Electronic Signature of Signing Officer or Director — Date