

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004536

FILED  
Jan 19, 2012  
Secretary of State

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: MATTHEW MARCERON

CFO

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date