

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001849

1. Entity Name
WALDEN E-LEARNING, INC.



FILED

03 MAY 19 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
24311 WALDEN CENTER DRIVE, 3RD FLOOR
BONITA SPRING FL 34134

Mailing Address
24311 WALDEN CENTER DRIVE, 3RD FLOOR
BONITA SPRING FL 34134



2. Principal Place of Business
155 Fifth Avenue South

3. Mailing Address
1001 Fleet Street

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Minneapolis, MN

City & State
BALTIMORE, MD 21202

Zip
55401

Country
USA

Zip
21202

Country
USA

4. FEI Number 65-0353783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Capitol Corporate Services, Inc.
Address (If other is Not Acceptable)

1333 NORTH DUVAL ST.

TALLAHASSEE

FL

Zip Code 32303

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 Delanie Case, Delanie Case, asst. sec.

5-7-03

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ACKERMAN, DON E 24311 WALDEN CENTER DRIVE, 3RD FLOOR BONITA SPRING FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCALES, ROBERT JR. 24311 WALDEN CENTER DRIVE, 3RD FLOOR BONITA SPRING FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGGE, MIKE 24311 WALDEN CENTER DRIVE, 3RD FLOOR BONITA SPRING FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, KATHLEEN 24311 WALDEN CENTER DRIVE, 3RD FLOOR BONITA SPRING FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLADAY, A. BART 24311 WALDEN CENTER DRIVE, 3RD FLOOR BONITA SPRING FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, DOUGLAS L 24311 WALDEN CENTER DRIVE, 3RD FLOOR BONITA SPRING FL 34134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Director PAULA SINGER 1001 FLEET STREET BALTIMORE, MARYLAND 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CHRISTOPHER HOEHN-SARIC 1001 FLEET STREET BALTIMORE, MD 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700019845517 05/23/03--01043--028 **550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Schm. L. UZETZ, PATRO, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 410-843-8763

CR2E034 (10/02)

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