

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000496

FILED
Aug 12, 2004
Secretary of State

Entity Name: ANTHONY & SYLVAN MANAGEMENT SERVICES CORP.

Current Principal Place of Business:

6690 BETA DRIVE, SUITE 300
MAYFIELD VILLAGE, OH 44143

New Principal Place of Business:

Current Mailing Address:

6690 BETA DRIVE, SUITE 300
MAYFIELD VILLAGE, OH 44143

New Mailing Address:

FEI Number: 34-1972499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEIDUS, STUART T
Address: 6690 BETA DRIVE, SUITE 300
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: VD () Delete
Name: EVANSON, WILLIAM J
Address: 6690 BETA DRIVE, SUITE 300
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: VSD () Delete
Name: DEGNAN, MARTIN J
Address: 6690 BETA DRIVE, SUITE 300
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: VT () Delete
Name: ILLES, MARTIN A
Address: 6690 BETA DRIVE, SUITE 300
City-St-Zip: MAYFIELD VILLAGE, OH 44143

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:

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: MARTIN J. DEGNAN

VSD

08/12/2004

Electronic Signature of Signing Officer or Director

Date