

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005112

Entity Name: CAMPUS ADVANTAGE, INC.

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

110 WILD BASIN RD  
STE 365  
AUSTIN, TX 78746

**New Principal Place of Business:**

**Current Mailing Address:**

110 WILD BASIN RD  
STE 365  
AUSTIN, TX 78746

**New Mailing Address:**

FEI Number: 72-1555569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DCPS  
Name: PETER, MICHAEL  
Address: 110 WILD BASIN RD STE 365  
City-St-Zip: AUSTIN, TX 78746

Title: CEO  
Name: PETER, MICHAEL  
Address: 110 WILD BASIN RD STE 365  
City-St-Zip: AUSTIN, TX 78746

Title: DCFO  
Name: HAGER, MARK J  
Address: 110 WILD BASIN RD STE 365  
City-St-Zip: AUSTIN, TX 78746

Title: SVP  
Name: HANLEY, MICHAEL  
Address: 110 WILD BASIN RD STE 365  
City-St-Zip: AUSTIN, TX 78746

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: MARK J. HAGER

DCFO

03/08/2011

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

\_\_\_\_\_ Date