

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005112

FILED
Apr 02, 2012
Secretary of State

Entity Name: CAMPUS ADVANTAGE, INC.

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

04/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date