

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005299

1. Entity Name
SYLVAN LEARNING, INC.



Principal Place of Business
1001 FLEET STREET
BALTIMORE, MD 21202

Mailing Address
1001 FLEET STREET
BALTIMORE, MD 21202



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3118959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITAL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOEHN-SARIC, CHRISTOPHER
STREET ADDRESS	1001 FLEET STREET
CITY- ST- ZIP	BALTIMORE, MD 21202
TITLE	D
NAME	COHEN, PETER J
STREET ADDRESS	1001 FLEET STREET
CITY- ST- ZIP	BALTIMORE, MD 21202
TITLE	DTS
NAME	SHAFFER, KEVIN E
STREET ADDRESS	1001 FLEET STREET
CITY- ST- ZIP	BALTIMORE, MD 21202
TITLE	D
NAME	COHEN, JEFFREY H
STREET ADDRESS	1001 FLEET STREET
CITY- ST- ZIP	BALTIMORE, MD 21202
TITLE	PD
NAME	FOSTER, MARY K
STREET ADDRESS	1001 FLEET STREET
CITY- ST- ZIP	BALTIMORE, MD 21202
TITLE	S
NAME	BENNETT, SUSANNAH M
STREET ADDRESS	1001 FLEET STREET
CITY- ST- ZIP	BALTIMORE, MD 21202

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04/02/04 80029-001 150.00

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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, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04 (410) 843-8000
Date Daytime Phone #

Susannah M. Bennett, Assistant Secretary