

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90029 032 \*\*\*150.00

**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**

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

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**

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

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2005 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	<u>PLEASE SEE ATTACHED OFFICER AND DIRECTOR ADDENDUM?</u>
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	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/05**

Date

**(410) 843-8000**

Daytime Phone #

**Susannah M. Bennett, Assistant Secretary**