


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90215 009 ***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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 75-3118959	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEHN-SARIC, CHRISTOPHER <input checked="" type="checkbox"/> Delete 1001 FLEET STREET BALTIMORE, MD 21202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cohen, Peter J. 1001 Fleet St., Baltimore, MD 21202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COHEN, PETER J 1001 FLEET STREET BALTIMORE, MD 21202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schroeder, C. Alan 1001 Fleet St., Baltimore, MD 21202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS <input checked="" type="checkbox"/> Delete SHAFFER, KEVIN E 1001 FLEET STREET BALTIMORE, MD 21202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shaffer, Kevin E. 1001 Fleet Street, Baltimore, MD 21202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete COHEN, JEFFREY H 1001 FLEET STREET BALTIMORE, MD 21202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Huntsman, Kathleen 1001 Fleet St., Baltimore, MD 21202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete FOSTER, MARY K 1001 FLEET STREET BALTIMORE, MD 21202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Weglein, James 1001 Fleet St., Baltimore, MD 21202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete BENNETT, SUSANNAH M 1001 FLEET STREET BALTIMORE, MD 21202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dickison, Emma 1001 Fleet St., Baltimore, MD 21202	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fees empowered.					
SIGNATURE: <u><i>C. Alan Schroeder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/24/06</u> Daytime Phone # <u>(410) 843-8837</u>		

ATTACHMENT

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V

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