


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90021 014 \*\*\*150.00

<b>DOCUMENT # F03000005299</b>		
1. Entity Name SYLVAN LEARNING, INC.		

Principal Place of Business 1001 FLEET STREET BALTIMORE, MD 21202	Mailing Address 1001 FLEET STREET BALTIMORE, MD 21202
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40121234



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05142007 Chg-P CR2E034 (12/06)

4. FEI Number 75-3118959	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COHEN, PETER J			NAME	Dixon, Donna		
STREET ADDRESS	1001 FLEET STREET			STREET ADDRESS	1001 Fleet Street		
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP	Baltimore, MD 21202		
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHRODER, ALAN C			NAME	Helwig, Greg		
STREET ADDRESS	1001 FLEET STREET			STREET ADDRESS	1001 Fleet Street		
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP	Baltimore, MD 21202		
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAFFER, KEVIN E			NAME	Bavaria, Richard		
STREET ADDRESS	1001 FLEET STREET			STREET ADDRESS	1001 Fleet Street		
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP	Baltimore, MD 21202		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNTSMAN, KATHLEEN			NAME	Wancowicz, Charles		
STREET ADDRESS	1001 FLEET STREET			STREET ADDRESS	1001 Fleet Street		
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP	Baltimore, MD 21202		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEGLEIN, JAMES			NAME	Farley, Leo		
STREET ADDRESS	1001 FLEET ST			STREET ADDRESS	1001 Fleet Street		
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP	Baltimore, MD 21202		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DICKISON, EMMA			NAME	Scheidt, Jeffrey		
STREET ADDRESS	1001 FLEET STREET			STREET ADDRESS	1001 Fleet Street		
CITY-ST-ZIP	BALTIMORE, MD 21202			CITY-ST-ZIP	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 like empowered.

SIGNATURE:  (410) 843-8837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40121234

Sylvan Learning  
Directors and Officers Continued  
Document # F03000005299

Barbara O'Brien  
Vice President  
1001 Fleet Street  
Baltimore, MD 21202

Brad Adams  
Vice President  
1001 Fleet Street  
Baltimore, MD 21202

Debra Markwitz  
Assistant Secretary  
1001 Fleet Street  
Baltimore, MD 21202