

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 014 ***158.75

DOCUMENT # F04000003733

1. Entity Name
STRAYER UNIVERSITY, INC.



Principal Place of Business
**1100 WILSON BLVD, STE 2500
ARLINGTON, VA 22209**

Mailing Address
**ATTN: LEGAL DEPT
2121 15TH STREET NORTH, SUITE 300
ARLINGTON, VA 22201**

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

01042008 Chg-P CR2E034 (12/06)

4. FEI Number
52-0500740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VCT
STODDARD, DONALD R PH.D
1100 WILSON BLVD, STE 2500
ARLINGTON, VA 22209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
TOE, J. CHRIS PH.D
1100 WILSON BLVD SUITE 2500
ARLINGTON, VA 22209** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DC
BEASON, CHARLOTTE F ED.D
1100 WILSON BLVD SUITE 2500
ARLINGTON, VA 22209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
MCCOY, JAMES F JR
1100 WILSON BLVD, STE 2500
ARLINGTON, VA 22209** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
FERENBACH, GREGORY
1100 WILSON BLVD SUITE 2500
ARLINGTON, VA 22209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
BROWN, MARK C
1100 WILSON BLVD, STE 2500
ARLINGTON, VA 22209** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
Stallard, Sondra F, PhD
1133 15th Street, NW, STE 300
Washington, DC 20005** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
Slack, Christopher
2121 15th Street North, STE 300
Arlington, VA 22201** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
Nwagbaraocha, Joel O.
1133 15th Street NW, STE 300
Washington, DC 20005** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
Jackson, Daniel W.
1100 Wilson Boulevard, STE 2500
Rosslyn, VA 22209** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V/S
Ferenbach, Gregory
1100 Wilson Boulevard, STE 2500
Arlington, VA 22209** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Slack

Date

Daytime Phone

1-23-08

703-558-7000