

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003733

Entity Name: STRAYER UNIVERSITY, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

1100 WILSON BLVD, STE 2500
ARLINGTON, VA 22209

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-0500740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VCT () Delete
Name: STODDARD, DONALD R PH.D
Address: 1100 WILSON BLVD, STE 2500
City-St-Zip: ARLINGTON, VA 22209

Title: T () Delete
Name: SLACK, CHRISTOPHER
Address: 2121 15TH STREET NORTH, STE 300
City-St-Zip: ARLINGTON, VA 22201

Title: DC () Delete
Name: BEASON, CHARLOTTE F ED.D
Address: 1100 WILSON BLVD SUITE 2500
City-St-Zip: ARLINGTON, VA 22209

Title: VP () Delete
Name: JACKSON, DANIEL W
Address: 1100 WILSON BOULEVARD, STE 2500
City-St-Zip: ROSSLYN, VA 22209

Title: VS () Delete
Name: FERENBACH, GREGORY
Address: 1100 WILSON BOULEVARD., STE 2500
City-St-Zip: ARLINGTON, VA 22209

Title: T () Delete
Name: BROWN, MARK C
Address: 1100 WILSON BLVD, STE 2500
City-St-Zip: ARLINGTON, VA 22209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOZARTH, KELLY
Address: 2121 15TH STREET NORTH, STE 300
City-St-Zip: ARLINGTON, VA 22201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY BOZARTH

T

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date