2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90056 001 ***150.00

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1. Entity Name
RASMUSSEN COLLEGE, INC.

Principal Place of Business	Mailing Address
15 SALT CREEK LANE STE. 410 HINSDALE, IL 60521-2965	15 SALT CREEK LANE STE. 410 HINSDALE, IL 60521-2965

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
745 McCLINTOCK	745 McCLINTOCK
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.: SUITE 105
City & State: BURR RIDGE, IL	City & State: BURR RIDGE, IL
Zip: 60527 Country: U.S.	Zip: 60527 Country: U.S.

4. FEI Number: 20-0390576 ☐ 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
NRAI SERVICES, INC. ~~526 E. PARK AVENUE~~ ~~TALLAHASSEE, FL 32301~~ 2731 EXECUTIVE PK. DR SUITE 4 WESTON, FL 33331	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 KING, ROBERT E 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT E. KING 745 McCLINTOCK BURR RIDGE, IL 60527	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS LOCKE, J MICHAEL 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS LOCKE, J. MICHAEL 745 McCLINTOCK BURR RIDGE, IL 60527	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOS BRANHAM, PATRICK D 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO, EVP, ASST. SECT. SUE FALOTICO 745 McCLINTOCK BURR RIDGE, IL 60527	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWIE, JAMES E 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWIE, JAMES E. 745 McCLINTOCK BURR RIDGE, IL 60527	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, BERNARD 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN BERNARD 745 McCLINTOCK BURR RIDGE, IL 60527	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANNING, THURSTON E 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANNING THURSTON E. 745 McCLINTOCK BURR RIDGE, IL 60527	☒ 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: _____ 1/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #