2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 001 ***150.00

DOCUMENT # F04000005170

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

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.

01052006 Chg-P CR2E034 (11/05)

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 _____
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, 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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	KING, ROBERT E	NAME	ROBERT E. KING
STREET ADDRESS	15 SALT CREEK LANE STE. 410	STREET ADDRESS	745 McCLINTOCK
CITY-ST-ZIP	HINSDALE, IL 605212965	CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	PDS ☐ Delete	TITLE	PDS ☒ Change ☐ Addition
NAME	LOCKE, J MICHAEL	NAME	LOCKE, J. MICHAEL
STREET ADDRESS	15 SALT CREEK LANE STE. 410	STREET ADDRESS	745 McCLINTOCK
CITY-ST-ZIP	HINSDALE, IL 605212965	CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	CFOS ☒ Delete	TITLE	CFO, EVP, ASST. SECT. ☐ Change ☒ Addition
NAME	BRANHAM, PATRICK D	NAME	SUE FALOTICO
STREET ADDRESS	15 SALT CREEK LANE STE. 410	STREET ADDRESS	745 McCLINTOCK
CITY-ST-ZIP	HINSDALE, IL 605212965	CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	COWIE, JAMES E	NAME	COWIE, JAMES E.
STREET ADDRESS	15 SALT CREEK LANE STE. 410	STREET ADDRESS	745 McCLINTOCK
CITY-ST-ZIP	HINSDALE, IL 605212965	CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	GOLDSTEIN, BERNARD	NAME	GOLDSTEIN BERNARD
STREET ADDRESS	15 SALT CREEK LANE STE. 410	STREET ADDRESS	745 McCLINTOCK
CITY-ST-ZIP	HINSDALE, IL 605212965	CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MANNING, THURSTON E	NAME	MANNING THURSTON E.
STREET ADDRESS	15 SALT CREEK LANE STE. 410	STREET ADDRESS	745 McCLINTOCK
CITY-ST-ZIP	HINSDALE, IL 605212965	CITY-ST-ZIP	BURR RIDGE, IL 60527

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 #

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