2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005170

1. Entity Name
RASMUSSEN COLLEGE, INC.

Principal Place of Business	Mailing Address
745 MCMLINTOCK STE 105 BURR RIDGE, IL 60527	745 MCMLINTOCK STE 105 BURR RIDGE, IL 60527

07232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR
WESTON, FL 32331

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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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, ROBERT E
STREET ADDRESS	745 MCCLINTOCK
CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	PDS
NAME	LOCKE, J MICHAEL
STREET ADDRESS	745 MCCLINTOCK
CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	CFOS
NAME	FALOTICO, SUE
STREET ADDRESS	745 MCCLINTOCK
CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	D
NAME	COWIE, JAMES E
STREET ADDRESS	15 SALT CREEK LANE STE. 410
CITY-ST-ZIP	HINSDALE, IL 605212965
TITLE	D
NAME	GOLDSTEIN, BERNARD
STREET ADDRESS	745 MCCLINTOCK
CITY-ST-ZIP	BURR RIDGE, IL 60527
TITLE	D
NAME	MANNING, THURSTON E
STREET ADDRESS	745 MCCLINTOCK
CITY-ST-ZIP	BURR RIDGE, IL 60527

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08/07/07-80008-009 150.00

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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: _____ 7/26/07 6303662800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #