

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F04000005170 1. Entity Name RASMUSSEN COLLEGE, INC.	
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Principal Place of Business 745 MCCLINTOCK STE 105 BURR RIDGE, IL 60527	Mailing Address 745 MCCLINTOCK STE 105 BURR RIDGE, IL 60527
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DO NOT WRITE IN THIS SPACE


07232007 No 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
**NRAI SERVICES, INC.
2731 EXECUTIVE PK DR
WESTON, FL 32331**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

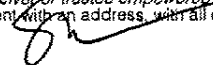
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KING, ROBERT E 745 MCCLINTOCK BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDS LOCKE, J MICHAEL 745 MCCLINTOCK BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFOS FALOTICO, SUE 745 MCCLINTOCK BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COWIE, JAMES E 15 SALT CREEK LANE STE. 410 HINSDALE, IL 605212965
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GOLDSTEIN, BERNARD 745 MCCLINTOCK BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MANNING, THURSTON E 745 MCCLINTOCK BURR RIDGE, IL 60527

**DO NOT WRITE
IN THIS SPACE**

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08/07/07-80008-009 150.00

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 #