

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005170

Entity Name: RASMUSSEN COLLEGE, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

745 MCMLINTOCK
STE 105
BURR RIDGE, IL 60527

New Principal Place of Business:

745 MCCLINTOCK
STE 105
BURR RIDGE, IL 60527

Current Mailing Address:

745 MCMLINTOCK
STE 105
BURR RIDGE, IL 60527

New Mailing Address:

FEI Number: 20-0390576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR
WESTON, FL 32331 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: D () Delete
Name: KING, ROBERT E
Address: 745 MCCLINTOCK
City-St-Zip: BURR RIDGE, IL 60527

Title: PDS () Delete
Name: LOCKE, J MICHAEL
Address: 745 MCCLINTOCK
City-St-Zip: BURR RIDGE, IL 60527

Title: CFOS () Delete
Name: FALOTICO, SUE
Address: 745 MCCLINTOCK
City-St-Zip: BURR RIDGE, IL 60527

Title: D () Delete
Name: COWIE, JAMES E
Address: 15 SALT CREEK LANE STE. 410
City-St-Zip: HINSDALE, IL 605212965

Title: D () Delete
Name: GOLDSTEIN, BERNARD
Address: 745 MCCLINTOCK
City-St-Zip: BURR RIDGE, IL 60527

Title: D () Delete
Name: MANNING, THURSTON E
Address: 745 MCCLINTOCK
City-St-Zip: BURR RIDGE, IL 60527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SUSAN D. FALOTICO

CFO

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date