


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006837 1. Entity Name THE PRINCETON REVIEW, INC.	
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Principal Place of Business 2315 BROADWAY NEW YORK, NY 10024	Mailing Address 2315 BROADWAY NEW YORK, NY 10024
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UD00000362149
05/05/05-80103-022 150.00



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3727603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KATZMAN, JOHN 320 CENTRAL PARK WEST NEW YORK, NY 10025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHERNIS, MARK 101 WEST 90TH STREET NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO MELVIN, STEPHEN 200 WEST 86TH STREET NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, JOHN C 34 PROSPECT AVENUE LARCHMONT, NY 10538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZMAN, RICHARD 15 WEST 81ST STREET NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARNOFF, RICHARD 15 WEST 81ST STREET NEW YORK, NY 10024

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  OPS CONTROLLER 4/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #