

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 036 ***150.00

DOCUMENT # F04000006837

1. Entity Name
THE PRINCETON REVIEW, INC.



Principal Place of Business
**2315 BROADWAY
NEW YORK, NY 10024**

Mailing Address
**2315 BROADWAY
NEW YORK, NY 10024**

40092465



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
22-3727603

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KATZMAN, JOHN
320 CENTRAL PARK WEST
NEW YORK, NY 10025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
CHERNIS, MARK
101 WEST 90TH STREET
NEW YORK, NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President, Secretary
Chernis, Mark
16 Overlook Drive
Bedford, NY 10549** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCFO
MELVIN, STEPHEN
200 WEST 86TH STREET
NEW YORK, NY 10024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer, CFO
Andrew Bonanni
78010 Trolley Road
Ridgefield, CT 06877** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REID, JOHN C
34 PROSPECT AVENUE
LARCHMONT, NY 10538** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Speakman, Sheree T.
1519 Oakwood Avenue
Highland Park, IL 60035** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KATZMAN, RICHARD
15 WEST 81ST STREET
NEW YORK, NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Tullman, Howard A.
1118 West Drummond Place
Chicago, IL 60614** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SARNOFF, RICHARD
15 WEST 81ST STREET
NEW YORK, NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Humphries, Dr. Frederick S.
8701 Georgia Avenue, Suite 200
Silverspring, MD 20910** ☐ Change ☒ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR, FINANCIAL REPORTING

Date

Daytime Phone #

(212) 874-8282