

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

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**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3727603	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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: _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	PS CHERNIS, MARK 16 OVERLOOK DRIVE MOUNT KISCO, NY 10549
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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03/29/07-80040-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen M. Levin **STEPHEN LEVIN** 2/16/07