

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002026

1. Entity Name
FOLLETT EDUCATIONAL SERVICES, INC.



Principal Place of Business
**2233 WEST STREET
RIVER GROVE, IL 60171**

Mailing Address
**2233 WEST STREET
RIVER GROVE, IL 60171**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1607100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000481277
04/11/06-80024-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MALLO, ROBERT
2233 WEST STREET
RIVER GROVE, IL 60171**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FOLLETT, CHUCK JR
2233 WEST STREET
RIVER GROVE, IL 60171**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCMAHON, DENNIS
2233 WEST STREET
RIVER GROVE, IL 60171**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STANTON, KATHY
2233 WEST STREET
RIVER GROVE, IL 60171**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/17/06
Date

708-583-2000
Daytime Phone #