

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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



01072008 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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

1/25/08

Date

708 583 2000

Daytime Phone #