

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90059 024 ***150.00

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1. Entity Name
GRANTHAM EDUCATION CORPORATION



Principal Place of Business
**2101 WILSON BOULEVARD, SUITE 110
ARLINGTON, VA 22201**

Mailing Address
**2101 WILSON BOULEVARD, SUITE 110
ARLINGTON, VA 22201**

40060000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006

Chg-P

CR2E034 (11/05)

4. FEI Number

54-1966536

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**

7. Name and Address of New Registered Agent

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

TITLE **Chairman** ☐ Delete
NAME **MACON, THOMAS M**
STREET ADDRESS **2101 WILSON BOULEVARD, SUITE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **T** ☐ Delete
NAME **JOHNSTON, RONALD W**
STREET ADDRESS **2101 WILSON BOULEVARD, SUITE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **S** ☐ Delete
NAME **FERRIS, JOHN R**
STREET ADDRESS **2101 WILSON BOULEVARD, SUITE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **D** ☐ Delete
NAME **ANDREWS, A. SCOTT**
STREET ADDRESS **2101 WILSON BOULEVARD, SUITE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **D** ☐ Delete
NAME **DICKENS, J. ROBERT**
STREET ADDRESS **2101 WILSON BOULEVARD, SUITE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **D** ☐ Delete
NAME **EASH, JOSEPH III**
STREET ADDRESS **2101 WILSON BOULEVARD, SUITE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ASST SECRETARY** ☐ Change ☒ Addition
NAME **JOHN F. MCCARTHY**
STREET ADDRESS **2101 WILSON BLVD, STE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **J. PATRICK CAMPBELL**
STREET ADDRESS **2101 WILSON BLVD. STE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KAY CALVERT**
STREET ADDRESS **2101 WILSON BLVD, STE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **E. Christian Hengel** ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **2101 WILSON BLVD, STE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PETER G. RICE**
STREET ADDRESS **2101 WILSON BLVD. STE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **HERBERT RABIN**
STREET ADDRESS **2101 WILSON BLVD, STE 110**
CITY-ST-ZIP **ARLINGTON, VA 22201**

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

JOHN R. FERRIS

02/22/2006

Date

703-778-8504

Daytime Phone #