2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# F07000005192

Entity Name: EDUCATIONAL TOURS, INC.

Current Principal Place of Business:

111 PFINGSTEN ROAD, SUITE 100
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

111 PFINGSTEN ROAD, SUITE 100
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 36-3334913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DCT
Name: IRWIN, WILLIAM
Address: 8 ESSEX CENTER DRIVE
City-St-Zip: PEBODY, MA 01960

Title: DP
Name: SLOTNICK, MITCHELL
Address: 111 PFINGSTEN ROAD, SUITE 100
City-St-Zip: DEERFIELD, IL 60015

Title: D
Name: BARRERA, GERARDO
Address: 8 ESSEX CENTER DRIVE
City-St-Zip: PEABODY, MA 01960

Title: S
Name: POOLE, WILLIAM
Address: 201 17TH STREET NW, SUITE 1700
City-St-Zip: ATLANTA, GA 30363

Title: AT
Name: LUKE, KAREN
Address: 93 NORTH PARK PLACE BLVD.
City-St-Zip: CLEARWATER, FL 33759

Title: V
Name: SLOTNICK, BARRY
Address: 111 PFINGSTEN ROAD, SUITE 100
City-St-Zip: DEERFIELD, IL 60015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M. POOLE S 04/29/2011

Electronic Signature of Signing Officer or Director — Date