

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90010 047 \*\*\*150.00

**DOCUMENT # F93000003886**

1. Entity Name  
**KAPLAN HIGHER EDUCATION CORPORATION**



Principal Place of Business

**1400 HEMBREE RD.  
STE 100  
ROSWELL, GA 30076**

Mailing Address

**1400 HEMBREE RD.  
STE 100  
ROSWELL, GA 30076**

**54016904**



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0838445** **65-0038445** 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 RD.  
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, 2004 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  
**PCD  
KERBER, GARY S  
1400 HEMBREE RD., STE 100  
ROSWELL, GA 30076**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
SERLYE, MATTHEW  
1400 HEMBREE RD., STE 100  
ROSWELL, GA 30076**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DILLON, VERONICA  
888 SEVENTH AVENUE  
NEW YORK, NY 10106**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GRAYER, JONATHAN  
888 SEVENTH AVENUE  
NEW YORK, NY 10106**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROSEN, ANDREW  
888 SEVENTH AVENUE  
NEW YORK, NY 10106**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAMACHEK, ROSS  
888 SEVENTH AVENUE  
NEW YORK, NY 10106**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**M. C. Serlye**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/04**  
Date

Daytime Phone #