

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 048 ***150.00

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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**

30027253



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0038445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
KERBER, GARY S
1400 HEMBREE RD., STE 100
ROSWELL, GA 30076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V CFO
Seelye, Matthew
1400 Hembree Road, Ste 100
Roswell, GA 30076** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V D
Dillon, Veronica
same** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Matthew C. Seelye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Seelye

3/16/05
Date

770-510-2000
Daytime Phone