

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 035 ***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**

60032666



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0038445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 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	PCD
NAME	KERBER, GARY S
STREET ADDRESS	1400 HEMBREE RD., STE 100
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	VCFO
NAME	SERLYE, MATTHEW
STREET ADDRESS	1400 HEMBREE RD., STE 100
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	VD
NAME	DILLON, VERONICA
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	D
NAME	ROSEN, ANDREW
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	D
NAME	HAMACHEK, ROSS
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4/28/06
Date

Daytime Phone #