
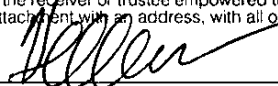


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90241 050 \*\*\*150.00

<b>DOCUMENT # F93000003886</b> 1. Entity Name <b>KAPLAN HIGHER EDUCATION CORPORATION</b>					
Principal Place of Business <b>3750 BROOKSIDE PKWY SUITE 150 (ATTN: ACCOUNTING MGR.) ALPHARETTA, GA 30022</b>			Mailing Address <b>3750 BROOKSIDE PKWY SUITE 150 (ATTN: ACCOUNTING MGR.) ALPHARETTA, GA 30022</b>		
2. Principal Place of Business - No P.O. Box # <b>6301 Kaplan University Ave</b>			3. Mailing Address  		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Ft Lauderdale, FL</b>			City & State  		
Zip <b>33309</b>		Country <b>U.S.</b>		4. FEI Number <b>65-0038445</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CONLON, JEFF</b> <b>550 W VAN BUREN</b> <b>CHICAGO, IL 60607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>311 S Wacker Drive</b> <b>Chicago, IL 60606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO <b>SEEYLE, MATTHEW</b> <b>3750 BROOKSIDE PKWY STE 150</b> <b>ALPHARETTA, GA 30022</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> <b>6301 Kaplan University Ave</b> <b>Ft Lauderdale, FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>LYNN, JACALYN</b> <b>4646 E. VAN BUREN</b> <b>PHOENIX, AZ 85008</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY</b> <b>BLOCK, JANICE</b> <b>311 S. WACKER DRIVE</b> <b>Chicago, IL 60606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>ROSEN, ANDREW</b> <b>888 SEVENTH AVENUE</b> <b>NEW YORK, NY 10106</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR</b> <b>6301 Kaplan University Ave</b> <b>Ft Lauderdale, FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC <b>CORSER, KEVIN</b> <b>3750 BROOKSIDE PKWY., STE 150</b> <b>ALPHARETTA, GA 30022</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AT</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Robert Lane</b> <b>888 Seventh Avenue, 23rd Floor</b> <b>New York, NY 10106</b>	
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.					
<b>SIGNATURE:</b> 			Kevin Corser		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/21/08</b>		
<small>Daytime Phone #</small>			<b>770-360-6100</b>		