

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90033 016 \*\*\*550.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000003679**  
 1. Corporation Name  
**SYLVAN LEARNING SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1000 LANCASTER ST BALTIMORE MD 21202-373 US	Mailing Address 1000 LANCASTER ST BALTIMORE MD 21202-373 US
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3. Date Incorporated or Qualified <b>07/14/1994</b>	
4. FEI Number <b>52-1492296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HOEHN-SARIC, R C	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	BECKER, DOUGLAS L	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MC GEE, B L	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	JONES, O S	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOEY, JOHN K	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, SUSANNAH	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP & ASST SEC
4.3 STREET ADDRESS	ROBERT W ZENTZ
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SEC. SEAN CREAMER
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **7/16/99** DAYTIME PHONE #: **410-843-8043**

CR2E034 (5/99)