

# 2001 UNIFORM BUSINESS REPORT (UBR)

**104**  
0577393

**DOCUMENT # F940Q0003679**

1. Entity Name  
**SYLVAN LEARNING SYSTEMS, INC.**

**FILED**  
**01 JAN 23 PM 4: 06**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1000 LANCASTER ST BALTIMORE MD 21202-373 US</b>	Mailing Address <b>ATTN: LINDA GREER, LEGAL 1000 LANCASTER ST. BALTIMORE MD 21202-373</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
1333 NORTH DUVAL  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO COHEN, PETER 1000 LANCASTER ST BALTIMORE MD 21202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP MCGEE, B. LEE 1000 LANCASTER ST BALTIMORE MD 21202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO MCGEE, B. LEE 1000 LANCASTER ST BALTIMORE MD 21202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SENTZ, ROBERT W 1000 LANCASTER ST BALTIMORE MD 21202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT CREAMER, SEAN R 1000 LANCASTER ST BALTIMORE MD 21202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD BECKER, DOUGLAS L 1000 LANCASTER ST BALTIMORE MD 21202</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400003634294-3</b> <b>-02/05/01--01032--019</b> <b>*****150.00 *****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. Vice President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Zentz, Robert W.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KE</b>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/10/01** 1-800-627-4276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

2064 067736

**DOCUMENT # F94000003679**

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**SYLVAN LEARNING SYSTEMS, INC.**

Principal Place of Business  
**1000 LANCASTER ST  
BALTIMORE MD 21202-373  
US**

Mailing Address  
**ATTN: LINDA GREER, LEGAL  
1000 LANCASTER ST.  
BALTIMORE MD 21202-373**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

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TALLAHASSEE FL 32303**

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Name  
Street Address (P.O. Box Number is Not Acceptable)  
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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.

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

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / COO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. Vice President / Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Zentz, Robert W.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: *Robert W. Zentz* **1/10/01** **1-800-627-4276**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

**SYLVAN LEARNING SYSTEMS, INC.  
OFFICERS**

304

<u>Name</u>	<u>Title</u>	<u>Address</u>
Douglas L. Becker	CEO/Chairman/Director	Sylvan Learning Systems, Inc. 1000 Lancaster St. Baltimore, MD 21202
Peter Cohen	President/COO	Sylvan Learning Systems, Inc. 1000 Lancaster St. Baltimore, MD 21202
Neal S. Cohen	Exec. Vice President/CFO	Sylvan Learning Systems, Inc. 1000 Lancaster St. Baltimore, MD 21202
Robert W. Zentz	Sr. Vice President/Secretary	Sylvan Learning Systems, Inc. 1000 Lancaster St. Baltimore, MD 21202
Sean R. Creamer	Vice President/Asst. Treasurer	Sylvan Learning Systems, Inc. 1000 Lancaster St. Baltimore, MD 21202