

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90016 004 ***150.00

DOCUMENT # F94000003679
 1. Entity Name
 SYLVAN LEARNING SYSTEMS, INC.



Principal Place of Business: ~~J. KARYSHW - LEGAL DEPT. 8TH FLOOR~~
 1001 FLEET ST.
 BALTIMORE, MD 21202 US

Mailing Address: ~~J. KARYSHW - LEGAL DEPT. 8TH FLOOR~~
 1001 FLEET ST.
 BALTIMORE, MD 21202 US



2. Principal Place of Business: **F. JACKSON - LEGAL DEPT.**
 Suite, Apt. #, etc.: **1001 Fleet St.**
 City & State: **Baltimore, MD**

3. Mailing Address: **F. JACKSON - LEGAL DEPT.**
 Suite, Apt. #, etc.: **1001 Fleet St.**
 City & State: **Baltimore, MD**

02112004 Chg-P CR2E034 (10/03)

4. FEI Number: 52-1492296 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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: PCOO NAME: COHEN, PETER STREET ADDRESS: 1001 FLEET ST. CITY-ST-ZIP: BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DCEO NAME: BECKER, DOUGLAS L STREET ADDRESS: 1001 FLEET STREET CITY-ST-ZIP: BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVPS NAME: ZENTZ, ROBERT W STREET ADDRESS: 1001 FLEET ST CITY-ST-ZIP: BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: CREAMER, SEAN R STREET ADDRESS: 1001 FLEET ST CITY-ST-ZIP: BALTIMORE, MD 21202	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert W. Zentz* Robert W. Zentz 2-18-04 410-843-8600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #