


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

Florida Dept of State  
 Jan 12, 2005 08:00 AM  
 \$150.00 Secretary of State

DOCUMENT # F94000003679  
 1. Entity Name  
 LAUREATE EDUCATION, INC.



Principal Place of Business Mailing Address  
 F. JACKSON - LEGAL DEPT. F. JACKSON - LEGAL DEPT.  
 1001 FLEET ST. 1001 FLEET ST.  
 BALTIMORE, MD 21202 US BALTIMORE, MD 21202 US

**DO NOT WRITE IN THIS SPACE**



01042005 No 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

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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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BECKER, DOUGLAS L 1001 FLEET STREET BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS ZENTZ, ROBERT W 1001 FLEET ST BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CREAMER, SEAN R 1001 FLEET ST BALTIMORE, MD 21202
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 01/12/05-80050-003 150.00

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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: Sean R. Creamer, SrVP 1-4-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #