

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003679

FILED
Jan 14, 2009
Secretary of State

Entity Name: LAUREATE EDUCATION, INC.

Current Principal Place of Business:

650 S. EXETER ST
12TH FLOOR
BALTIMORE, MD 21202 US

New Principal Place of Business:

650 SOUTH EXETER STREET
12TH FLOOR
BALTIMORE, MD 21202 US

Current Mailing Address:

650 SOUTH EXETER STREET
12TH FLOOR
BALTIMORE, MD 21202 US

New Mailing Address:

FEI Number: 52-1492296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: BECKER, DOUGLAS L
Address: 650 SOUTH EXETER STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: SVPS () Delete
Name: ZENTZ, ROBERT W
Address: 650 SOUTH EXETER STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: CFO () Delete
Name: MECCA, ROSEMARIE
Address: 650 SOUTH EXETER STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: DIR () Delete
Name: HOEHN-SARIC, RUDOLPH C
Address: 1001 FLEET STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: DIR () Delete
Name: BENSON, TODD E
Address: 388 GREENWICH STREET, 32ND FL
City-St-Zip: NEW YORK, NY 10013 US

Title: DIR () Delete
Name: CARROLL, BRIAN
Address: 9 WEST 57TH STREET, SUITE 4200
City-St-Zip: NEW YORK, NY 10019 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: SERCK-HANSEN, EILIF
Address: 650 SOUTH EXETER STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: PRES (X) Change () Addition
Name: COHEN, NEAL
Address: 650 SOUTH EXETER STREET
City-St-Zip: BALTIMORE, MD 21202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. ZENTZ

SVPS

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date