FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:40

DOCUMENT # F94000006389 (0)

1. Corporation Name

KAPLAN & KAPLAN, INC.

Principal Place of Business: ~~4200 E. INDIAN SCHOOL RD #160 PHOENIX AZ 85018~~

Mailing Address: ~~4200 E. INDIAN SCHOOL RD #160 PHOENIX AZ 85018~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:
4. FEI Number: 23-2771203 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has ... Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21: 443 S. Gulph Rd.
22 Suite, Apt. #, etc.:
23 City & State: King of Prussia, PA
24 Zip: 19406
25 Country: USA

2a. Mailing Address
26: P.O. Box 1567
27 Suite, Apt. #, etc.:
28 City & State: Southeastern, PA
29 Zip: 19399-1567
Country: U.S.A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
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: N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	TITLE	☐ Change ☐ Addition
NAME	O'NEILL, J. BRIAN	NAME	
STREET ADDRESS	~~1100 E. HECTOR ST, SUITE 400~~	STREET ADDRESS	443 S. Gulph Rd.
CITY ST ZIP	~~CONSHOHOCKEN PA 19428~~	CITY ST ZIP	King of Prussia, PA 19406
TITLE	~~DEOD~~	TITLE	☑ Change ☐ Addition
NAME	~~PISCITELLI, EUGENE A~~	NAME	
STREET ADDRESS	~~1100 E. HECTOR ST, SUITE 400~~	STREET ADDRESS	
CITY ST ZIP	~~CONSHOHOCKEN PA 19428~~	CITY ST ZIP	
TITLE	STD	TITLE	☑ Change ☐ Addition
NAME	ROBINSON, JONATHAN P	NAME	
STREET ADDRESS	~~1100 E. HECTOR ST, SUITE 400~~	STREET ADDRESS	443 S. Gulph Rd
CITY ST ZIP	~~CONSHOHOCKEN PA 19428~~	CITY ST ZIP	King of Prussia, PA 19406
TITLE	P	TITLE	☑ Change ☐ Addition
NAME	MUFFOLETTO, SALVATORE J	NAME	
STREET ADDRESS	~~1100 E. HECTOR ST, SUITE 400~~	STREET ADDRESS	443 S. Gulph Rd.
CITY ST ZIP	~~CONSHOHOCKEN PA 19428~~	CITY ST ZIP	King of Prussia, PA 19406
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: [signature] Jonathan P. Robinson, Secy/Treas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 1-800-551-5947 Daytime Phone #

0481380 FP