2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# F96000004221

Entity Name: RHODES COLLEGES, INC.

Current Principal Place of Business:

6 HUTTON CTR DRIVE, SUITE 400
SANTA ANA, CA 927075764

New Principal Place of Business:

Current Mailing Address:

6 HUTTON CTR DRIVE, SUITE 400
SANTA ANA, CA 927075764

New Mailing Address:

FEI Number: 33-0717311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MASSIMINO, JACK	
Address:	6 HUTTON CTR DRIVE, SUITE 400	
City-St-Zip:	SANTA ANA, CA 927075764	
Title:	DP	( ) Delete
Name:	WALLER, PETER	
Address:	6 HUTTON CTR DRIVE, SUITE 400	
City-St-Zip:	SANTA ANA, CA 927075764	
Title:	DV	( ) Delete
Name:	WILSON, BETH	
Address:	6 HUTTON CTR DRIVE, SUITE 400	
City-St-Zip:	SANTA ANA, CA 92707	
Title:	VS	( ) Delete
Name:	MORTENSEN, STAN A	
Address:	6 HUTTON CTR DRIVE, SUITE 400	
City-St-Zip:	SANTA ANA, CA 92707	
Title:	TAS	( ) Delete
Name:	OWEN, ROBERT	
Address:	6 HUTTON CENTER DR #400	
City-St-Zip:	SANTA ANA, CA 92707	
Title:	EVP	( ) Delete
Name:	ORD, KENNETH	
Address:	6 HUTTON CENTRE DRIVE, SUITE 400	
City-St-Zip:	SANTA ANA, CA 92707	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: STAN A. MORTENSEN VS 04/15/2009
Electronic Signature of Signing Officer or Director — Date