


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90077 003 ***150.00

DOCUMENT # F96000004222
 1. Entity Name
 CORINTHIAN COLLEGES, INC.



Principal Place of Business Mailing Address
 6 HUTTON CTR DRIVE, SUITE 400 6 HUTTON CTR DRIVE, SUITE 400
 SANTA ANA, CA 92707-5764 SANTA ANA, CA 92707-5764

03001030



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number 33-0717312 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324		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 _____ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CCEO MOORE, DAVID G 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA, CA 927075764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loyal Wilson 6 Hutton Ctr Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DIGIOVANNI, ANTHONT 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA, CA 927075764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Arey Skladany 6 Hutton Ctr Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ST. PIERRE, PAUL R 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA, CA 927075764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul R. St. Pierre 6 Hutton Ctr Drive, Suite 400 Santa Ana, CA 92707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVEREUX, DENNIS 6 HUTTON CTR DRIVE, SUITE 400 SANTA ANA, CA 927075764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Massimino 6 Hutton Ctr Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEAL, DENNIS N 6 HUTTON CENTER DR. #400 SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael P. Berry 6 Hutton Ctr Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORTENSEN, STAN A 6 HUTTON CENTER DR., #400 SANTA ANA, CA 92707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beth Wilson 6 Hutton Ctr Drive, Suite 400 Santa Ana, CA 92707 <input type="checkbox"/> Change <input checked="" 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: Stan A. Mortensen 1/23/04 (714)424-8888, x444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stan A. Mortensen
 Sr. V.P., General Counsel & Corporate Secretary