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Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

Aug 31, 2000 8:00 am Secretary of State DOCEMENT # F9700002349 1. Intity Name TUITION FINANCE, INC. 08-09-2000 90060 001 *1,676.25 Principal Place of Business Mailing Address 1000 LANCASTER ST 1000 LANCASTER ST BALTIMORE ND 21202 BALTIMORE MD 21202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-2021771 Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE TALLAHASSEE FL 32301 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and offe if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (2/00) Addition PTD ☐ Change TITLE Delete TITLE MCGEE, B. LEE NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS 1000 LANCASTER ST CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** Addition ☐ Change TITLE Delete TITLE HOWARD, DOUGLAS C NAME NAME 1000 LANCASTER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21202** CITY-ST-ZIP Addition Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 2, 2000

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Enclosed, you will find the 2000 Uniform Business Report Caliber Learning Network, Inc., WSI-Miami, Inc., and Tuition Finance, Inc., along with a check (#012393) in the amount of \$1,676.25 for fees that are required. After the filing has been made, please confirm the receipt and acceptance of this filing. I have included an extra copy for your stamp of confirmation.

Any correspondence regarding this filing should be directed to me at the following address:

Linda L. Greer Legal Department Sylvan Learning Systems, Inc. 1000 Lancaster Street Baltimore, MD 21202

If you need any further information, do not hesitate to contact me at (410) 843-8924.

Sincerely,

Linda L. Greer

Administrative Assistant

Legal Department