2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	ne	# F97000	002349		ļ }				
TUITION FINANCE, INC.							FILED		
Principal Place of Business Mailing Address							01 JAN 23 PM 4: 06		
2. Principal Place of Business			1000 LANCASTER ST BALTIMORE MD 21202 3. Mailing Address				SECRETARY OF STATE TALLAHASSEE FLORIDA		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4.	FEi Number 52-2021771	———	oplied For
Zip		Country	Zip	Coun	try	5.	Certificate of Status Desired	\$8.75 Add	
	6. Name	and Address of Curren	t Registered Agent	<u> </u>	Nome	7.	Name and Address of New Registere	-	
CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL						Name Street Address (P.O. Box Number is Not Acceptable)			
	AHASSEE F								
					City :		F	L Zip Cod	e
		y submits this statement f		_		r registered ag	gent, or both, in the State of Fiorida.	Ē	
SIGNATURE 9. This corporate Tax filing	Signature, typed		at and title if applicable. (N	NOTE: Registered W!!! FEE 2001 Fee	IS \$150.	ture required when re		\$5.0	0 May Be
9. This corporate filter (See crite)	Signature, typed oration is elig requirement a ría on back)	or printed name of registered ager ible to satisfy its Intangible and elects to do so.	ot and title if applicable. (Note that the interpolation of the interpol	W!!! FEE 2001 Fee yable to De	d Agent signa IS \$150. will be \$	our required when re 00 550.00 It of State	10. Election Campaign Financing Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A	\$5.0 Added	to Fees S IN 11
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS	Signature, typed oration is elig requirement a ría on back) PTD MCGEE, B 1000 LANG	or printed name of registered agen ible to satisfy its Intangible and elects to do so. OFFICERS AND 3. LEE CASTER ST	ot and title if applicable. (Note that the second s	W!!! FEE 2001 Fee yable to De 12. TITLE NAME STREE	d Agent signa IS \$150 will be \$	on tof State AE Presion Mary 1000	10. Election Campaign Financing Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS AND APPLICATIONS AND	\$5.0 Added ND DIRECTOR Change	to Fees
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

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