

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90071 029 ***150.00

DOCUMENT # F97000004847



1. Entity Name
MCM UNIVERSITY PLAZA, INC.

Principal Place of Business
**5250 17TH STREET
SARASOTA FL 34235
US**

Mailing Address
**20 S. CLARK ST., STE 2800
CHICAGO IL 60603**

90017122



2. Principal Place of Business

3. Mailing Address
**C/O EDMC 210
33rd Sixth Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pittsburgh PA

Zip

Country

Zip
15222

Country

USA

4. FEI Number
36-4118464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **P**
STREET ADDRESS **OTTEN, JAMES P**
CITY-ST-ZIP **20 S. CLARK ST., STE 2800
CHICAGO IL 60603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **STEINBERG, FREDERICK W**
CITY-ST-ZIP **300 SIXTH AVENUE, 8TH FLOOR
PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GRIFFLE, KRISTEN P**
CITY-ST-ZIP **300 SIXTH AVENUE, 8TH FLOOR
PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KNUTSON, ROBERT B**
CITY-ST-ZIP **300 SIXTH AVENUE 8TH FLOOR
PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCDOWELL, ROBERT T**
CITY-ST-ZIP **300 SIXTH AVENUE, 8TH FLOOR
PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOELLA, ROBERT P**
CITY-ST-ZIP **300 SIXTH AVENUE 8TH FLOOR
PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Kristen Griffle, Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/03

412-562-0900

CR2E034 (10/02)