

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90001 041 ***150.00

DOCUMENT # F98000001292

1. Entity Name
ARGOSY EDUCATION GROUP, INC.



Principal Place of Business
**20 SOUTH CLARK STREET, SUITE 2800
CHICAGO, IL 60603**

Mailing Address
**C/O EDMC 210 SIXTH AVE.
33RD FLOOR
PITTSBURGH, PA 15222**

50002010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
36-2855674

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2005 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 **P** ☐ Delete
NAME **O'BRIEN, GREGORY**
STREET ADDRESS **20 S. CLARK ST. STE. 2800**
CITY-ST-ZIP **CHICAGO, IL 60603**

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

TITLE **D** ☐ Delete
NAME **MARKOVITZ, MICHAEL C**
STREET ADDRESS **20 SOUTH CLARK ST. STE 2800**
CITY-ST-ZIP **CHICAGO, IL 60603**

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

TITLE **T** ☒ Delete
NAME **GRIBBLE, KRISTEN**
STREET ADDRESS **210 SIXTH AVE. 33RD FL.**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Daniel K. O'Day**
STREET ADDRESS **210 Sixth Ave., 33rd Fl.**
CITY-ST-ZIP **Pittsburgh PA 15222**

TITLE **D** ☐ Delete
NAME **BROOKS, J. WILLIAM**
STREET ADDRESS **210 SIXTH AVE. 33RD FL.**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

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

TITLE **S** ☐ Delete
NAME **STEINBERG, FREDERICK W**
STREET ADDRESS **210 SIXTH AVE. 33RD FL**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

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

TITLE **D** ☐ Delete
NAME **MCKERNAN, JOHN R**
STREET ADDRESS **210 SIXTH AVE., 33RD FL**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE **Asst. Secretary** ☐ Change ☒ Addition
NAME **Susan Minahan**
STREET ADDRESS **210 Sixth Ave. 33rd Fl.**
CITY-ST-ZIP **Pittsburgh PA 15222**

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: Susan Minahan Susan Minahan, Asst. Sec. 1/7/05 412-562-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #