


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005627		
1. Entity Name ECOLLEGE.COM, INC.		
Principal Place of Business ECOLLEGE BUILDING 4900 S. MONACO STREET DENVER, CO 80237	Mailing Address ECOLLEGE BUILDING 4900 S. MONACO STREET DENVER, CO 80237	



08032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNDHEIM, ROBERT
STREET ADDRESS	599 LEXINGTON AVE., ROOM 1640
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	DP
NAME	KELSALL, DOUGLAS
STREET ADDRESS	4900 S. MONACO STREET
CITY-ST-ZIP	DENVER, CO 80237
TITLE	D
NAME	GIRGENTI, CHRIS
STREET ADDRESS	1603 ORRINGTON AVENUE, SUITE 1600
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	D
NAME	BLUMENSTEIN, JACK
STREET ADDRESS	270 E. WESTMINSTER, 2ND FLOOR
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	DC
NAME	THORNE, OAKLEIGH
STREET ADDRESS	ONE N. LASALLE STREET; SUITE 1800
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	D
NAME	KORSHAK, JERI
STREET ADDRESS	% E COLLEGE, 4900 S. MONACO ST.
CITY-ST-ZIP	DENVER, CO 80237

000000574760
08/21/06-80002-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-06

Date

303.873.7400

Daytime Phone #