



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2008 8:00 am
Secretary of State

06-03-2008 90001 012 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1 Lake St Suite, Apt. #, etc.			
City & State Zip		City & State Upper Saddle River, NJ Zip 07458		4. FEI Number 84-1351729	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDHEIM, ROBERT 599 LEXINGTON AVE., ROOM 1640 NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hoffman, Philip 1330 Avenue of the Americas New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELSALL, DOUGLAS 4900 S. MONACO STREET DENVER, CO 80237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Wharton, Thomas 1330 Avenue of the Americas New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRGENTI, CHRIS 1603 ORRINGTON AVENUE, SUITE 1600 EVANSTON, IL 60201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Dancy, Robert 1 Lake St. Upper Saddle River, NJ 07458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMENSTEIN, JACK 270 E. WESTMINSTER, 2ND FLOOR LAKE FOREST, IL 60045	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Sayed, Shaheda 1330 Avenue of the Americas New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC THORNE, OAKLEIGH ONE N. LASALLE STREET; SUITE 1800 CHICAGO, IL 60602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Goldberg, Harriet L. 1 Lake St Upper Saddle River, NJ 07458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORSHAK, JERI % E COLLEGE, 4900 S. MONACO ST. DENVER, CO 80237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pietroburgo, Joseph 1 Lake St Upper Saddle River, NJ 07458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph Pietroburgo VP-Tax 5/16/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					