2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2005 8:00 am **Secretary of State** DOCUMENT # P04000033176 01-13-2005 90001 045 ***150.00 1. Entity Name BROWN MACKIE COLLÈGE - MIAMI, INC. Principal Place of Business Mailing Address 210 SIXTH AVE 33RD FLOOR 210 SIXTH AVE 33RD FLOOR PITTSBURGH, PA 15222 PITTSBURGH, PA 15222 50002006 2. Principal Place of Business /501 BISCAUPE 3. Mailing Address Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For <u> 20-095</u>9437 Not Applicable Miami Zip Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 quoticable (NOTE: Registered Agent sonature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Director TITLE TITLE Change Addition J. William Brooks Jr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE John R. McKernan Jr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THLE Delete TITLE ☐ Change Addition McDowell NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Stembera NAME NAME STREET ADDRESS STREET ADDRESS 33md AL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME

FILED

12. Thereby 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 offect 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.

33rd PL.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: LUSALIMANA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF Muradan Susan Minahan Assl. Sec.