2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P04748

1. Entity Name
KAPLAN EDUCATIONAL CENTERS, INC.

Principal Place of Business	Mailing Address
888 SEVENTH AVENUE 23RD FLOOR NEW YORK, NY 10106 US	888 SEVENTH AVENUE 23RD FLOOR NEW YORK, NY 10106 US

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2573250
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CEO
NAME	GRAYER, JONATHAN N
STREET ADDRESS	888 7TH AVE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	D
NAME	GRAHAM, DONALD E
STREET ADDRESS	1150 15TH ST NW
CITY-ST-ZIP	WASHINGTON, DC 20071
TITLE	VPT
NAME	LANE, ROBERT L
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	SVGS
NAME	LEVY, HAROLD O
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	PC
NAME	ROSEN, ANDREW S
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	EVCA
NAME	DILLON, VERONICA
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106

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04/25/05-80076-016 150.00

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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: X _____ 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #