

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 005 ***150.00

DOCUMENT # P04748 1. Entity Name KAPLAN EDUCATIONAL CENTERS, INC.					
Principal Place of Business 888 SEVENTH AVENUE 23RD FLOOR NEW YORK, NY 10106 US			Mailing Address 888 SEVENTH AVENUE 23RD FLOOR NEW YORK, NY 10106 US		
2. Principal Place of Business <i>the same as the above</i>		3. Mailing Address <i>the same as the above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2573250	
Zip		Country		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			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 _____ 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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO GRAYER, JONATHAN N 888 7TH AVE NEW YORK, NY 10106	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP Secretary & General Counsel Johan De Muinck Keizer 888 7th Ave. New York, NY 10106
☐ Change ☒ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, DONALD E 1150 15TH ST NW WASHINGTON, DC 20071	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LANE, ROBERT L 888 SEVENTH AVENUE NEW YORK, NY 10106	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGS LEVY, HAROLD O 888 SEVENTH AVENUE NEW YORK, NY 10106	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROSEN, ANDREW S 888 SEVENTH AVENUE NEW YORK, NY 10106	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCA DILLON, VERONICA 888 SEVENTH AVENUE NEW YORK, NY 10106	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeffery Elie 888 7th Ave. New York, NY 10106	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Maureen Mattara 888 7th Ave. New York, NY 10106	☐ Change ☒ Addition	
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Allison Rutledge - Parisi 888 7th Ave. New York, NY 10106	☐ Change ☒ 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>M. Mattara</u> Maureen Mattara, VP 04/26/2007 (212) 492-5841 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					