

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04748

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** KAPLAN EDUCATIONAL CENTERS, INC.

**Current Principal Place of Business:**

1015 WINDWARD RIDGE PKWY.  
ALPHARETTA, GA 30005 US

**New Principal Place of Business:**

395 HUDSON STREET  
NEW YORK, NE 10014 US

**Current Mailing Address:**

1015 WINDWARD RIDGE PKWY.  
ALPHARETTA, GA 30005 US

**New Mailing Address:**

**FEI Number:** 22-2573250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** ROSEN, ANDREW S  
**Address:** 395 HUDSON ST  
**City-St-Zip:** NEW YORK, NY 10014 US

**Title:** CFO  
**Name:** SEELYE, MATTHEW  
**Address:** 6301 KAPLAN UNIVERSITY AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** EVP  
**Name:** ROSBERG, GERALD  
**Address:** 1150 15TH ST. N.W.  
**City-St-Zip:** WASHINGTON, DC 20071 US

**Title:** S  
**Name:** DE MUINCK KEIZER, JOHAN  
**Address:** 395 HUDSON ST  
**City-St-Zip:** NEW YORK, NY 10014 US

**Title:** D  
**Name:** ROSEN, ANDREW  
**Address:** 395 HUDSON ST  
**City-St-Zip:** NEW YORK, NY 10014 US

**Title:** D  
**Name:** GRAHAM, DONALD  
**Address:** 1150 15TH ST. N.W.  
**City-St-Zip:** WASHINGTON, DC 20071 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARC ST. PIERRE

POA

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date