

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000089755

Entity Name: CAMBRIDGE GRADUATE UNIVERSITY, INC.

FILED  
Apr 11, 2012  
Secretary of State

**Current Principal Place of Business:**

8511 BULL HEADLEY ROAD  
SUITE 405  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

8511 BULL HEADLEY ROAD  
SUITE 405  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

FEI Number: 45-3572631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOWARD, TIM  
8511 BULL HEADLEY ROAD  
SUITE 405  
TALLAHASSEE, FL 32312 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: PD  
Name: HOWARD, TIM  
Address: 8511 BULL HEADLEY ROAD SUITE 405  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S  
Name: MEHTA, ANKUR  
Address: 8511 BULL HEADLEY ROAD, SUITE 405  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T  
Name: CARTER, WILLIAM  
Address: 8511 BULL HEADLEY ROAD, SUITE 405  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D  
Name: CROSSLAND, HUGH  
Address: 8511 BULL HEADLEY ROAD, SUITE 405  
City-St-Zip: TALLAHASSEE, FL 32312 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: TIM HOWARD

PD

04/11/2012

Electronic Signature of Signing Officer or Director

Date