2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P27960

Entity Name: EDUCATIONAL MANAGEMENT GROUP, INC.

Current Principal Place of Business:

ONE LAKE STREET
UPPER SADDLE RIVER, NJ 07458 US

New Principal Place of Business:

Current Mailing Address:

C/O KAREN ZHANG- PEARSON INC.
1330 AVE. OF THE AMERICAS
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 37-1237858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SVSD ( ) Delete
Name: DANCY, ROBERT L
Address: ONE LAKE STREET
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: PD ( ) Delete
Name: JOVANOVICH, PETER
Address: ONE LAKE STREET
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: CFO ( ) Delete
Name: WERNER, GEORGE
Address: ONE LAKE ST
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: VPAS ( ) Delete
Name: WHARTON, TOM
Address: 1330 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: SVP ( ) Delete
Name: GLICINI, RICHARD
Address: ONE LAKE STREET
City-St-Zip: SADDLE RIVER, NJ 07458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WHARTON, TOM VPAS 04/12/2004

Electronic Signature of Signing Officer or Director Date