FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # P32781 (7)

1. Corporation Name
LANDMARK EDUCATION CORPORATION

Principal Place of Business
353 SACRAMENTO #200
SAN FRANCISCO CA

Mailing Address
353 SACRAMENTO #200
SAN FRANCISCO CA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1991
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 94-3130936 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, listed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required after resignation) — DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	SCHREIBER, ART
STREET ADDRESS	355 BYANT ST #210
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	S
NAME	~~ROSENBERG, HARRY~~
STREET ADDRESS	~~6056 SHELTER BAY AVE~~
CITY-ST-ZIP	~~MILL VALLEY CA~~
TITLE	T
NAME	~~SCHAUFLER, GARY~~
STREET ADDRESS	~~12 HARRINGTON RD~~
CITY-ST-ZIP	~~MORAGA CA~~
TITLE	D
NAME	ZAFFRON, STEVEN
STREET ADDRESS	365 SCENIC RD
CITY-ST-ZIP	FAIRFAX CA
TITLE	D
NAME	~~SCHEAF, LAUREL~~
STREET ADDRESS	~~421 LITRO ST~~
CITY-ST-ZIP	~~SAUSALITO CA~~
TITLE	D
NAME	ROBBINS, SANDY
STREET ADDRESS	216 BEVERLY RD
CITY-ST-ZIP	NEWARK DE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	☐ Change ☐ Addition
2.2 NAME	JEROME DOWNES	
2.3 STREET ADDRESS	2913 3RD ST. #407	
2.4 CITY-ST-ZIP	SANTA MONICA, CA 90405	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	HARRY ROSENBERG	
3.3 STREET ADDRESS	6056 SHELTER BAY AVE	
3.4 CITY-ST-ZIP	MILL VALLEY, CA	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	BRIAN REGNIER	
5.3 STREET ADDRESS	2632 EAST WESTFALL ROAD	
5.4 CITY-ST-ZIP	MARIPOSA, CA 95338	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Langy — 1/25/95 — (415) 616-2440
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403141 FP