FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 02/12/1991
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
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 607.0505, 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 of Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHREIBER, ART	1.2 NAME	
STREET ADDRESS	355 BYANT ST #210	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOWNES, JEROME	2.2 NAME	
STREET ADDRESS	2913 3RD ST #407	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, HARRY	3.2 NAME	
STREET ADDRESS	6056 SHELTER BAY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILL VALLEY CA	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZAFFRON, STEVEN	4.2 NAME	
STREET ADDRESS	365 SCENIC RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX CA	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REGNIER, BRIAN	5.2 NAME	
STREET ADDRESS	2632 EAST WESTFALL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIPOSA CA	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, SANDY	6.2 NAME	
STREET ADDRESS	216 BEVERLY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK DE	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 hereof, or on an attachment with an address.

SIGNATURE: Ruth Langy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

(415) 616-2446
Daytime Phone #

CR2E034 (12/95)