

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90086 012 \*\*\*150.00

DOCUMENT # **P32781**

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**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**C  
SCHREIBER, ART  
830 LAKE ST., #3  
SAN FRANCISCO CA**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S  
ZAPOLSKI, NANCY  
15 MAPLE RUN DRIVE  
JERICHO NY 11753**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CEO  
ROSENBERG, HARRY  
6056 SHELTER BAY AVE  
MILL VALLEY CA**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
ZAFFRON, STEVEN  
365 SCENIC RD  
FAIRFAX CA**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CFO  
SCHAUFLE, GARY  
12 HARRINGTON ROAD  
MORAGA CA**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**AS  
LANG, RUTH  
1521 GOLDEN GATE  
SAN FRANCISCO CA 94115**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Katherine Harris* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

415-616-2440

CR2E034 (1/198)