FOR PROFIT CORPORATION

2002 8:00 am

	DNIFORM BUSINE		(ORK)	
DOCUMENT # \$95000 31367 1. Entity Name				Secretary of State 05-14-2002 90287 026 ***150.00
Pre	elecator Schools	Managen	1	
DO NOT WRITE IN THIS SPACE				
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2. Principal Place of Business 1600 W. Commescal RIVI 3. Mailing Address Comme				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Fort Landes lake F2 City & State			· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For
Zip Country Zip		Zip	Country	5. Certificate of Status Desired 5. Status Desired Fee Required
	والمراجع والمراجع والمراجع والمراجع	ينهد بنيد بداهيه داري		7. Name and Address of Current Registered Agent
	DO MOTA		l blace	ohn Com.llo
				(P.O. Box Number is Not Accentable)
IN THIS SPACE				W. Commescial Was
		•	City 6.17	Lordes Jak FL Zipcode
8. The above	e named entire submits this statement for t	he purpose of changing its reg	gistered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE	Signeture, lybed or punted name of registered agent ang		ha Camillagistered Agent signature require	
Tax filing requirement and elects to do so. After May 1			1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND DI			
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13. I hereby ce indicated o	ertify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the e and accurate and that my sign	exemption stated in Se gnature shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director

cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation or the receiver or trusted employeed to estatachment with an address, with all other trusted employeed.

SIGNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Daytime Phone #

ATTACH # P95000039867/657575

PREPARATORY SCHOOLS MANAGEMENT, INC.

ADDITIONAL DIRECTORS AND OFFICERS:

Title:

DC

Name:

Philip Morgaman

Street Address:

1600 W. Commercial Blvd.

City-St-Zip:

Ft. Lauderdale, Florida 33309

Title:

DP

Name:

Mark Stephenson—

Street Address:

1600 W. Commercial Blvd.

City-St-Zip:

Ft. Lauderdale, Florida 33309

Title:

D

Name:

Neal Nichols

Street Address:

3251 Washington Blvd

City-St-Zip:

Arlington, VA 22201

Title:

D

Name:

John Camillo

Street Address:

1600 W. Commercial Blvd.

City-St-Zip:

Ft. Lauderdale, Florida 33309

Title:

DV

Name:

William Spruce

Street Address:

1600 W. Commercial Blvd.

City-St-Zip:

Ft. Lauderdale, Florida 33309

Title:

D,V,S,T

Name:

Don O'Boyle

Street Address:

1600 W. Commercial Blvd.

City-St-Zip:

Ft. Lauderdale, Florida 33309