

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004536

Entity Name: KAPLAN EARLY LEARNING COMPANY**Current Principal Place of Business:**1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE, NC 27023**Current Mailing Address:**P.O. BOX 609
LEWISVILLE, NC 27023-0609**FEI Number:** 56-0935286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	S
Name	MARCERON, MATTHEW B
Address	1310 LEWISVILLE-CLEMMONS ROAD
City-State-Zip:	LEWISVILLE NC 27023

Title	CD
Name	KAPLAN, HOWARD J
Address	1310 LEWISVILLE-CLEMMONS ROAD
City-State-Zip:	LEWISVILLE NC 27023

Title	D
Name	KAPLAN, IAN T
Address	1117 GLOUSMAN DRIVE
City-State-Zip:	WINSTON-SALEM NC 27104

Title	D
Name	KAPLAN, ANNETTE
Address	443 BAUER AVENUE
City-State-Zip:	LOUISVILLE KY 40202

Title	VP
Name	BUMGARNER, DAVID P
Address	1310 LEWISVILLE CLEMMONS ROAD
City-State-Zip:	LEWISVILLE NC 27023

I hereby 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 all other like empowered.

SIGNATURE: DAVID B BUMGARNER

VP

03/02/2021

Electronic Signature of Signing Officer/Director Detail_____
Date