

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004972

Entity Name: LAUREATE EDUCATION, INC.

Current Principal Place of Business:

1000 BRICKELL AVE STE 715
PMB 1158
MIAMI, FL 33131

Current Mailing Address:

1000 BRICKELL AVE STE 715
PMB 1158
MIAMI, FL 33131 US

FEI Number: 52-1492296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 DIRECTOR
Name MAIR, BARBARA
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, CEO, DIRECTOR
Name SERCK-HANSEN, EILIF
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name COHEN, ANDREW B
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name MUNOZ, GEORGE
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name RODIN, JUDITH
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name DE CORRO, PEDRO
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name FREEMAN, KENNETH
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name BRUSH, LESLIE S
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Continues on page 2

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: LESLIE S BRUSH

SECRETARY

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT, CFO
Name BUSKIRK, RICHARD
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name SNOW, IAN K
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name DE MACEDO, ARISTIDES
Address 1000 BRICKELL AVE STE 715
PMB 1158
City-State-Zip: MIAMI FL 33131