

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004972

**Entity Name:** LAUREATE EDUCATION, INC.

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**5692810283CC**

**Current Principal Place of Business:**

1000 BRICKWLL AVE STE 715  
PMB 1158  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKWELL 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 K  
Address 1000 BRICKWELL AVE STE 715  
PMB 1158  
City-State-Zip: MIAMI FL 33131

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

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

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

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

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

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

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

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*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**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MAIR, BARBARA  
Address 1000 BRICKWELL AVE STE 715  
PMB 1158  
City-State-Zip: MIAMI FL 33131