

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003679

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

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC5526470352**

**Current Principal Place of Business:**

650 SOUTH EXETER STREET  
12TH FLOOR  
BALTIMORE, MD 21202

**Current Mailing Address:**

650 SOUTH EXETER STREET  
12TH FLOOR  
BALTIMORE, MD 21202 US

**FEI Number:** 52-1492296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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 DCEO  
Name BECKER, DOUGLAS L  
Address 650 SOUTH EXETER STREET  
City-State-Zip: BALTIMORE MD 21202

Title SVPS  
Name ZENTZ, ROBERT W  
Address 650 SOUTH EXETER STREET  
City-State-Zip: BALTIMORE MD 21202

Title CFO  
Name SERCK-HANSEN, EILIF  
Address 650 SOUTH EXETER STREET  
City-State-Zip: BALTIMORE MD 21202

Title DIR  
Name FRIEDMAN, DARREN  
Address 505 FIFTH AVENUE, 17TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIR  
Name SMIDT, JONATHAN  
Address 9 WEST 57TH STREET, SUITE 4200  
City-State-Zip: NEW YORK NY 10019

Title DIR  
Name CARROLL, BRIAN  
Address 9 WEST 57TH STREET, SUITE 4200  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR  
Name MILLER, JOHN A  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name TASLITZ, STEVEN M  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

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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:** ROBERT W. ZENTZ

**SECRETARY**

**04/15/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SNOW, IAN K  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name DE BALMANN, YVES  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name RODIN, JUDITH  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name GUDIS, MARK  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name MUNOZ, GEORGE  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name ZOELLICK, ROBERT B  
Address 650 SOUTH EXETER STREET  
12TH FLOOR  
City-State-Zip: BALTIMORE MD 21202