

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006228

**Entity Name:** BEHAVIORAL EDUCATIONAL SERVICES, INC.

**Current Principal Place of Business:**

367 S. GULPH RD.  
KING OF PRUSSIA, PA 19406

**Current Mailing Address:**

367 S. GULPH RD.  
KING OF PRUSSIA, PA 19406

**FEI Number: 65-0852413**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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            PRESIDENT  
Name            FILTON, STEVE  
Address        367 S. GULPH RD.  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            VPD  
Name            HARROD, LAURENCE  
Address        367 S. GULPH RD.  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            T  
Name            RAMAGANO, CHERYL K  
Address        367 S. GULPH RD.  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            SEC  
Name            KLEIN, MATTHEW D  
Address        367 S. GULPH RD.  
City-State-Zip: KING OF PRUSSIA PA 19406

*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: STEVE FILTON**

**PRESIDENT**

**04/12/2019**

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

\_\_\_\_\_  
Date