

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04748

Entity Name: KAPLAN EDUCATIONAL CENTERS, INC.**Current Principal Place of Business:**1515 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309**Current Mailing Address:**ATTN: TAX DEPARTMENT
12735 MORRIS ROAD, SUITE 260
ALPHARETTA, GA 30004 US**FEI Number:** 22-2573250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	TREASURER
Name	SEELYE, MATTHEW C.
Address	ATTN: TAX DEPARTMENT 12735 MORRIS ROAD, SUITE 260
City-State-Zip:	ALPHARETTA GA 30004
Title	VP, TAX
Name	KUMMER, CHERIE
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	VICE PRESIDENT AND SECRETARY
Name	AUFGANG, Yael
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	ASSISTANT SECRETARY
Name	POMONIS, ASHLEY
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR, CEO
Name	ROSEN, ANDREW S.
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	ASSISTANT TREASURER
Name	GREISLER, MATTHEW
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	SENIOR VICE PRESIDENT & CHIEF OPERATING OFFICER OF KAPLAN TEST PREP
Name	THOMAS-TAVEL, LORIN
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309
Title	DIRECTOR
Name	O'SHAUGHNESSY, TIMOTHY J.
Address	1515 WEST CYPRESS CREEK ROAD
City-State-Zip:	FORT LAUDERDALE FL 33309

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: KEVIN CORSER**ASSISTANT TREASURER** 03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MADDREY, NICOLE
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title SENIOR VICE PRESIDENT
Name HORTON, THOMAS
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title SENIOR VICE PRESIDENT
Name MACK, MELISSA
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name ELIE, JEFFREY L.
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title COMPENSATION COMMITTEE
Name SEELYE, MATTHEW C.
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title CEO
Name ROSEN, ANDREW S.
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title ASSISTANT TREASURER
Name CORSER, KEVIN
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title SENIOR VICE PRESIDENT & CEO OF
KAPLAN TEST PREP
Name POLSTEIN, JOHN F.
Address 1515 WEST CYPRESS CREEK ROAD
City-State-Zip: FORT LAUDERDALE FL 33309