2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2014
Secretary of State
CC1025679471

DOCUMENT# P04748

Entity Name: KAPLAN EDUCATIONAL CENTERS, INC.

Current Principal Place of Business:

1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005

Current Mailing Address:

ATTN: TAX DEPARTMENT
1015 WINDWARD RIDGE PARKWAY
ALPHARETTA, GA 30005 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	PRESIDENT, COO	Title	ASST. TREASURER
Name	LEPPERT, THOMAS	Name	CORSER, KEVIN
Address	1015 WINDWARD RIDGE PARKWAY	Address	1015 WINDWARD RIDGE PARKWAY
City-State-Zip:	ALPHARETTA GA 30005	City-State-Zip:	ALPHARETTA GA 30005
Title	EVP, CFO, TREASURER	Title	VP, ASST. SECRETARY
Name	SEELYE, MATTHEW C.	Name	NEUMANN, CHRISTOPHER
Address	1015 WINDWARD RIDGE PARKWAY	Address	1015 WINDWARD RIDGE PARKWAY
City-State-Zip:	ALPHARETTA GA 30005	City-State-Zip:	ALPHARETTA GA 30005
Title	DIRECTOR	Title	DIRECTOR, EVP
Name	GRAHAM, DONALD E.	Name	ROSBERG, GERALD M.
Address	1015 WINDWARD RIDGE PARKWAY	Address	1015 WINDWARD RIDGE PARKWAY
City-State-Zip:	ALPHARETTA GA 30005	City-State-Zip:	ALPHARETTA GA 30005

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 ASST. TREASURER 04/07/2014

Electronic Signature of Signing Officer/Director Detail — Date