

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

112

<b>DOCUMENT # F05000Q04841</b> 1. Entity Name EDUCATION CONNECTION SERVICES, INC.	
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FILED

2006 NOV -6 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6301 KAPLAN UNIVERSITY AVENUE FT. LAUDERDALE, FL 33309	Mailing Address 888 SEVENTH AVENUE 23RD FL NEW YORK, NY 10106
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2. Principal Place of Business <i>The same as the above</i> Suite, Apt. #, etc.	3. Mailing Address <i>The same as the above</i> Suite, Apt. #, etc.
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10302006 REIN-P CR2E098 (11/05)

City & State	City & State	4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	ROSEN, ANDREW S
STREET ADDRESS	6301 KAPLAN UNIVERSITY AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DILLON, VERONICA
STREET ADDRESS	6301 KAPLAN UNIVERSITY AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HAMACHEK, ROSS
STREET ADDRESS	6301 KAPLAN UNIVERSITY AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VP <input type="checkbox"/> Delete
NAME	CAPAZELLI, RICHARD
STREET ADDRESS	6301 KAPLAN UNIVERSITY AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VPT <input type="checkbox"/> Delete
NAME	LANE, ROBERT
STREET ADDRESS	888 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	AT <input checked="" type="checkbox"/> Delete
NAME	SMALEC, JANE
STREET ADDRESS	6301 KAPLAN UNIVERSITY AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>see Attached for details.</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600081551156</b>
CITY-ST-ZIP	<b>11/06/06--01034--017 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/06

Daytime Phone #

**Education Connection Services, Inc.**  
**20-3275988**

Name		Title		Business Address
Andrew S. Rosen		Chief Executive Officer		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309
Richard Capezzali		President		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309
Ronald Blumenthal		Vice President		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309
Todd Zipper		Vice President		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309
Rober L. Lane		Vice President & Treasurer		888 7th Ave. New York, NY 10106
Jeffrey L. Elie		Vice President - Real Estate		888 7th Ave. New York, NY 10106
Harold O. Levy		Vice President & Secretary		888 7th Ave. New York, NY 10106
Lisa Gefen Sicilian		Assistant Secretary		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309

Name		Title		Business Address
Andrew S. Rosen		Director		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309
Richard Capezzali		Director		6301 Kaplan Univ. Dr. Ft. Lauderdale, FL 33309
Horold O. Levy		Director		888 7th Ave. New York, NY 10106