

1.) CORPORATION NAME:

IOWA COLLEGE ACQUISITION CORP.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **2/28/2011**

SCC ID NO: **F1737305**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6301 KAPLAN UNIVERSITY AVENUE

CITY/ST/ZIP: FT LAUDERDALE, FL 33309-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MATTHEW SEELYE
TITLE: TREASURER
ADDRESS: 6301 KAPLAN UNIVERSITY DR
CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33309-

OFFICER

DIRECTOR

NAME: KEVIN CORSER
TITLE: ASST T
ADDRESS: 1015 WINDWOARD RIDGE PAKWY
CITY/ST/ZIP/CO: ALPHARETTA, GA 30005-

OFFICER

DIRECTOR

NAME: JOHAN DE MUINCK KEIZER
TITLE: SECRETARY
ADDRESS: 888 SEVENTH AVE 23RD FL
CITY/ST/ZIP/CO: NEW YORK, NY 10106-

OFFICER

DIRECTOR

NAME: JEFFREY CONLON
TITLE: PRESIDENT
ADDRESS: 225 WEST WACKER DR
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: ELIZABETH HOLLENBERG
TITLE: VICE PRESIDENT
ADDRESS: 225 WEST WACKER DR
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: JEFFREY ELIE TITLE: VICE PRESIDENT ADDRESS: 395 HUDSON ST CITY/ST/ZIP/CO: NEW YORK, NY 10014-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LISA GEFER SICILIAN TITLE: VICE PRESIDENT ADDRESS: 6301 KAPLAN UNIVERSITY AVE CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33309-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RONALD BLUMENTHAL TITLE: VICE PRESIDENT ADDRESS: 225 WEST WACKER DR CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JANICE BLOCK TITLE: ASST SECRETARY ADDRESS: 225 WEST WACKER DR CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANDREW ROSEN TITLE: DIRECTOR ADDRESS: 6301 KAPLAN UNIVERSITY AVE CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33309-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KEVIN CORSER	KEVIN CORSER, ASST T	2/28/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		