

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001483

Entity Name: BRIDGEPOINT EDUCATION, INC.**Current Principal Place of Business:**8620 SPECTRUM CENTER BLVD.
SAN DIEGO, CA 92123**Current Mailing Address:**8620 SPECTRUM CENTER BLVD.
SAN DIEGO, CA 92123 US**FEI Number:** 59-3551629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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	CEO
Name	CLARK, ANDREW
Address	8620 SPECTRUM CENTER BLVD.
City-State-Zip:	SAN DIEGO CA 92123

Title	DIRECTOR
Name	HARTMAN, ROBERT
Address	8620 SPECTRUM CENTER BLVD.
City-State-Zip:	SAN DIEGO CA 92123

Title	DIRECTOR
Name	PERNSTEINER, GEORGE
Address	8620 SPECTRUM CENTER BLVD.
City-State-Zip:	SAN DIEGO CA 92123

Title	CFO
Name	ROYAL, KEVIN
Address	8620 SPECTRUM CENTER BLVD.
City-State-Zip:	SAN DIEGO CA 92123

Title	SECRETARY
Name	THOMPSON, DIANE
Address	8620 SPECTRUM CENTER BLVD.
City-State-Zip:	SAN DIEGO CA 92123

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: DIANE THOMPSON**SECRETARY****03/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date