

F-6138

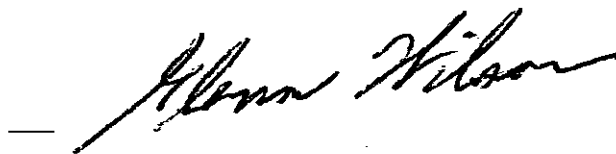
STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
REGISTRATION DIVISION
(651) 296-6328

IN THE MATTER OF THE REGISTRATION OF:
TUTOR DOCTOR F/A
By TUTOR DOCTOR SYSTEMS INC

ORDER AMENDING
REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated February 4, 2009, is amended as of the date set forth below.



GLENN WILSON
Commissioner
Department of Commerce
85 7th Place East, Suite 500
St Paul, MN 55101

Date: August 28, 2009

AUG 26 2009

Rec'd \$ 100

Form A – Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATIONFile No. _____
(Insert file number of immediately preceding filing of Applicant)State: MinnesotaFee: \$100

APPLICATION FOR (Check only one):

 INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES REGISTRATION RENEWAL STATEMENT OR ANNUAL REPORT PRE-EFFECTIVE AMENDMENT POST-EFFECTIVE MATERIAL AMENDMENT

F-6138

1. Full legal name of Franchisor:

Tutor Doctor Systems, Inc.

2. Name of the franchise offering:

Tutor Doctor

3. Franchisor's principal business address:

2711 Centerville, Road, Suite 400, Wilmington, DE 19808

4. Name and address of Franchisor's agent in this State authorized to receive service of process:

Minnesota Commissioner of Commerce
85 7th Place East, Suite 500
St. Paul, MN 55101

5. The states in which this application is or will be shortly on file:

CA, FL, IL, KY, MD, MI, MN, NE, NY, TX, UT, VA, WA

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Harold L. Kestenbaum, Esq., 1425 RXR Plaza, East Tower-14th Fl., Uniondale, NY 11556
Telephone: (516) 745-0099, Facsimile: (516) 745-0293, E-mail: hkestenbaum@rnfpc.com8-28-09
Arms
2-4-09

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of 4/29/09 attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at Uniondale, NY, 7/31, 2009
(City and State) (Date)

Franchisor:

TUTOR DOCTOR SYSTEMS, INC.

By: [Signature]

Name: FRANK MILNER

Title: PRESIDENT

STATE OF New York
COUNTY OF NASSAU ss:

Personally appeared before me this 31 day of July, 2009 the above-named Frank Milner to me known to be the person who executed the foregoing application (as President of the above-named applicant) and, being first duly sworn, stated upon oath that said application and all exhibits submitted herewith, are true and correct.

(NOTARY'S SEAL)

[Signature]
(Notary)

HEMWATIE RAJCOOAR
Notary Public, State of New York
No. 01RA5070001
Qualified in Nassau County
Commission Expires 12/9/2010

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