FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **819255** **(1)**

1. Corporation Name

BERLITZ LANGUAGES, INC.

Principal Place of Business

RESEARCH PARK
293 WALL STREET
PRINCETON NJ 08540
US

Mailing Address

RESEARCH PARK
293 WALL STREET
PRINCETON NJ 08540
US

3. Date Incorporated or Qualified: 01/03/1966

3a. Date of Last Report: 02/22/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-0489400 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	YOKOI, HIROMASA	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VP	☐ DELETE
NAME	MINSKY, ROBERT	
STREET ADDRESS	257 PARK AVE. SO.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPGS	☐ DELETE
NAME	HENDON, ROBERT C., JR.	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VP	☐ DELETE
NAME	STRUMPEN-DARRIE, MICHAEL	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VPCT	☐ DELETE
NAME	JAMES, HENRY D.	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	AT	☐ DELETE
NAME	MUELLER, WILLIAM	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	293 Wall St.	
2.4 CITY-ST-ZIP	Princeton, NJ 08540	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Hendon 2/8/96 609-497-9927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. HENDON, JR.

DATE DAYTIME PHONE

CR2E034 (12/95)