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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 08540-1519
US



2. Principal Place of Business

21 400 Alexander Park
Suite, Apt. #, etc.

22 City & State

23 Princeton, NJ

24 Zip

08540

Country

25 USA

2a. Mailing Address

26 400 Alexander Park
Suite, Apt. #, etc.

27 City & State

28 Princeton, NJ

29 Zip

08540

Country

30 USA

3. Date Incorporated or Qualified
01/03/1966

3a. Date of Last Report
03/08/1996

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

Signature of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YOKOI, HIROMASA	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MINSKY, ROBERT	
STREET ADDRESS	293 WALL STREET	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HENDON, ROBERT C., JR.	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRUMPEN-DARRIE, MICHAEL	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	VPCT	<input type="checkbox"/> DELETE
NAME	JAMES, HENRY D.	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MUELLER, WILLIAM	
STREET ADDRESS	293 WALL ST	
CITY-ST-ZIP	PRINCETON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400 Alexander Park
14 CITY-ST-ZIP	Princeton, NJ 08540
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	400 Alexander Park
24 CITY-ST-ZIP	Princeton, NJ 08540
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	400 Alexander Park
34 CITY-ST-ZIP	Princeton, NJ 08540
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	400 Alexander Park
44 CITY-ST-ZIP	Princeton, NJ 08540
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	400 Alexander Park
54 CITY-ST-ZIP	Princeton, NJ 08540
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	400 Alexander Park
64 CITY-ST-ZIP	Princeton, NJ 08540

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97 609-514-3031

Date Daytime Phone #

CR2E034 (9/96)