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## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

## Mar 25, 2002 8:00 am Secretary of State F0000001897 DOCUMENT # 1. Entity Name 3-25-2002 90117 049 \*\*\*150.00 BERLITZ LANGUAGES, INC. Principal Place of Business Mailing Address 400 ALEXANDER PARK 400 ALEXANDER PARK PRINCETON NJ 08540 PRINCETON NJ 08540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3718873 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE PC00 ☐ Delete TITLE ☐ Change Addition KAHL, JAMES R NAME NAME CR2E034 STREET ADDRESS **400 ALEXANDER PARK** STREET ADDRESS CITY-ST-ZIP PRINCETON NJ 08540 CITY-ST-ZIP TITLE . . VPD ☐ Delete TITLE ☐ Change Addition NAME HARRIS, MARK NAME STREET ADDRESS STREET ADDRESS **400 ALEXANDER PARK** CITY-ST-ZIP CITY-ST-ZIP PRINCETON NJ 08540 TITLE ☐ Delete ☐ Change ☐ Addition NAME **GATOFF, ALISTAIR** NAME STREET ADDRESS STREET ADDRESS 400 ALEXANDER PARK CITY-ST-ZIP CITY-ST-ZIP PRINCETON NJ 08540 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME DEMPSEY, FRED STREET ADDRESS 400 ALEXANDER PARK STREET ADDRESS CITY-ST-ZIP PRINCETON NJ 08540 CITY-ST-ZIP TITLE GCS Delete TITLE Change ☐ Addition NAME WEINSTEIN, PAUL NAME STREET ADDRESS STREET ADDRESS 400 ALEXANDER PARK CITY-ST-ZIP CITY-ST-7IP PRINCETON NJ 08540 Addition TITLE VCFO ☐ Delete TITLE ☐ Change STARK, RONALD NAME NAME STREET ADDRESS **400 ALEXANDER PARK** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRINCETON NJ 08540 13. I 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 information this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.