## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

3a. Date of Last Report

212-966-631

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

08/27/1996

23-7396384

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

## Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

568 BROADWAY

NEW YORK NY 10012

F96000004377 (5)

Mailing Address

OLD CHELSEA STATION NEW YORK NY 10113-0745

2a. Mailing Address

City & State

Suite, Apt. #, etc.

**BOX 745** 

26

27

WORLD EDUCATION SERVICES, INC.

|  | ······   | [20]   |                                  |                     |                  | HUSEFU  | na Contribution    |   | A0060 1        | o rees           |  |  |
|--|--|--|----------------------------------|---------------------|------------------|---|--------------------|---|----------------|------------------|--|--|
| Zip  | Country  | Zıp  | <b></b>                          | Country             |                  |   |                    | lity for intangible                     |                | 199.032,         |  |  |
| 24   | 25   | 29   | 30                               |                     |                  | Florida   |                    | ☐ Yes                                   |                |                  |  |  |
| Name and Address of Current Registered Agent   |  |  |                                  |                     |                  | 10. Name and Address of New Registered Agent  B1 Name |                    |   |                |                  |  |  |
|  |  |  |                                  |                     | Name             |   |                    |   |                |                  |  |  |
| NATIONAL CORPORATE RESEARCH LTD INC  |  |  |                                  |                     | Street A         | ddress (P.O. Box                                      | Number is Not A    | cceptable)                              | <del></del>    |                  |  |  |
| 1406 HAYS STREET - SUITE #2  |  |  |                                  |                     |                  |   |                    |   |                |                  |  |  |
| TALLAH   | ASSEE FL 32301   |  |                                  | 83                  |                  |   |                    |   |                |                  |  |  |
|  |  |  |                                  | 84                  | City             |   |                    |   | log 1 7:- (    | Code             |  |  |
|  |  |  |                                  | اتا                 | City             |   |                    | FL                                      | 85 Zip (       | -00e             |  |  |
| 11. Pursuant   | to the provisions of Sections 617.050  | 2 and 617.1508, Florid                         | da Statutes, the                 | above               | -named o         | corporation submit                                    | s this statement f | for the purpose o                       | f changing it  | s registered     |  |  |
| office or r  | egistered agent, or both, in the State<br>m familiar with, and accept the oblig  | of Florida, Such char<br>ations of Section 617 | ige was author<br>0503 Florida S | ized by<br>Statutes | the corpo        | oration's board of                                    | directors. I hereb | y accept the app                        | ointment as    | registered       |  |  |
| _  | The state of the s | anono or, booton orr                           | .0000, 1 10/10/4 (               | )(Q(G)(O)           | •                |   |                    |   |                |                  |  |  |
| SIGNATURE .  | Signature, typed or printed name of registered age   | ent and title if applicable.                   | (NOTE: Regis                     | tered Age           | nt signature n   | equired when reinstating)                             |                    | DATE                                    |                | ·                |  |  |
| 12.  | OFFICERS AN  | D DIRECTORS                                    | ] 1                              | 3.                  |                  | ADDITIO   | NS/CHANGES TO      | O OFFICERS ANI                          | DIRECTOR       | S IN 12          |  |  |
| TITLE  | ST   | ☐ De   | ELETE 1                          | 1 TITLE             |                  |   |                    |   | Change         | Addition         |  |  |
| NAME   | FORDE, KEN   |  | 1.                               | 2 NAME              |                  |   |                    |   |                |                  |  |  |
| STREET ADDRESS   | 37 JEFFERSON ROAD  |  | 1.                               | 3 STREET            | ADDRESS          |   |                    |   |                |                  |  |  |
| CITY-ST-ZIP  | SCARSDALE NY 10583   |  | 1,                               | 4 CITY - S          | F-ZIP            |   |                    |   |                |                  |  |  |
| TITLE  | C  | □ DE   |                                  | 1 TITLE             |                  |   |                    |   | Change         | Addition         |  |  |
| NAME   | HANDAL, PETER V  |  | 2                                | 2 NAME              |                  |   |                    |   | -              |                  |  |  |
| STREET ADDRESS   | 280 PARK AVE (5TH FL/EAS   | T BLDG)  | 2                                | .3 STREET           | ADDRESS          |   |                    |   |                |                  |  |  |
| CITY-ST-ZIP  | NEW YORK NY 10017  | ,  |                                  | . 4 CITY - S        |                  |   |                    |   |                |                  |  |  |
| TITLE  | VC   | □ Di   |                                  | 1 TITLE             |                  |   |                    |   | Change         | Addition         |  |  |
| NAME   | DUNNETT, STEPHEN C   |  | 3.                               | 2 NAME              |                  |   |                    |   | - •            |                  |  |  |
| STREET ADDRESS   | 544 CAPEN HALL   |  | 3.                               | 3 STREET            | ADDRESS          |   |                    |   |                |                  |  |  |
| CITY-SI-ZIP  | BUFFALO NY 14260   |  |                                  | 4. CITY - S         |                  |   |                    |   |                |                  |  |  |
| TITLE  |  |  | 4.1 TITLE                        |                     |                  |   |                    | Change                                  | Addition       |                  |  |  |
| NAME   | ASSEFA, MARIAM   | _  |                                  | 2 NAME              |                  |   |                    |   |                |                  |  |  |
| STREET ADDRESS   | 568 BROADWAY   |  | <b>I</b>                         | 3 STREET            | ADDRESS          |   |                    |   |                |                  |  |  |
| CITY-ST-ZIP  | NEW YORK NY 10012  |  |                                  | .4 CITY - S1        |                  |   |                    |   |                |                  |  |  |
| TITLE  | D  | [] DE  |                                  | 1 TITLE             | 1 - <u>6.</u> 11 |   |                    |   | Change         | Addition         |  |  |
| NAME   | DELANEY, JEAN  |  | 1                                | 2 NAME              |                  |   |                    |   |                |                  |  |  |
| STREET ADDRESS   | UNIVERSITY OF COLORADO   | 1  |                                  | 3 STREET            | ADDRESS          |   |                    |   |                |                  |  |  |
| CITY-ST-ZIP  | BOULDER CO 80309-0123  | •  |                                  | 4 CITY-S            |                  |   |                    |   |                |                  |  |  |
| TITLE  | D DOGEDEN GO GOGGO GIZO  | [ ] DE   |                                  | 1 TITLE             | I-ZIF            |   |                    | *************************************** | Change         | Addition         |  |  |
| NAME   | GOLDMAN, ARNOLD  | <u></u>  | I *'                             | 2 NAME              |                  |   |                    |   |                |                  |  |  |
| STREET ADDRESS   | THE PROPERTY AND LONG TO A REPORT OF THE PARTY.  |  |                                  |                     | ADDRESS          |   |                    |   |                |                  |  |  |
|  | ENGLAND CT2 7LT  | MILITOUNI, NEITI                               |                                  |                     |                  |   |                    |   |                |                  |  |  |
| CITY-ST-ZIP<br>14. I do herel  | by certify that the information supplie  | d with this filing does                        | not qualify for t                | 4 CITY - ST         | notion sta       | ated in Section 110                                   | 07/3Vi) Florida    | Statutes I furthe                       | r contifu that | tha              |  |  |
| Informatio   | n indicated on this annual renort or c   | sunniemental annual r                          | anort is true an                 | M SACOL             | rata and t       | ihat my cionaturo c                                   | hall have the ear  | ma local offect of                      | n il mada une  | dar aath: that l |  |  |
| I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |  |                                  |                     |                  |   |                    |   |                |                  |  |  |