

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004377

1. Entity Name

WORLD EDUCATION SERVICES, INC.

f

Principal Place of Business

568 BROADWAY
NEW YORK NY 10012

Mailing Address

BOX 745
OLD CHELSEA STATION
NEW YORK NY 10113-0745

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD INC
1406 HAYS STREET - SUITE #2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7396384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLIGAN, JEAN 333 EAST 35TH STREET NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HANDAL, PETER V 280 PARK AVE (5TH FL/EAST BLDG) NEW YORK NY 10017	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORONHA, JUNE 929 FAIRMONT AVENUE ST PAUL MN 35105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ASSEFA, MARIAM 568 BROADWAY NEW YORK NY 10012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DELANEY, JEAN UNIVERSITY OF COLORADO BOULDER CO 80309-0123	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERGLUND, STEVEN 95 GAELIC COURT ROAD INVERNESS IL 60610	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLIGAN, JOAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/TRA DUNNET, Stephen-C. 33 Hidden Ridge Commons Williamsville, NY 14221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DAVIDSON DAN 177 Massachusetts Ave NW #700 Washington DC 20036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/TRA WILLIAMS, JAS Williamsburg 127 10716 W Amsterdam The Netherlands	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KORDE, KEN 37 Jefferson Road Scarsdale NY 10583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/TRA BERGLUND, STEVEN 18466 Twin Creeks Road Monte Sereno CA 95030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 indicated on 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

3/12/2000 242/219-7306