

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006390 (6)

1. Corporation Name
EFKTA SCHOOLS, INC.

Principal Place of Business

1 MEMORIAL DR
CAMBRIDGE MA 02142

Mailing Address

1 MEMORIAL DR
CAMBRIDGE MA 02142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1996	
21 EF Center Boston	26 EF Center Boston	4. FEI Number 04-3337221		Applied For Not Applicable	
22 One Education Street	27 One Education Street	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Cambridge, MA	28 Cambridge, MA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 02141-1883	29 02141-1883	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 typed in printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULT, PHILIP	1.2 NAME	
STREET ADDRESS	%GUN DENHART, 5565 SW HEWETT BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97221	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULT, LISBETH	2.2 NAME	
STREET ADDRESS	BJORKEBERGAVAGEN 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	18283 DJURSHOLM, SWEDEN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NILSSON, BERIT	3.2 NAME	
STREET ADDRESS	KRAGENASVAGEN 12	3.3 STREET ADDRESS	
CITY-ST-ZIP	S-18165 LIDINGO, SWEDEN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELQUIST, JENS	4.2 NAME	
STREET ADDRESS	%EF COLLEGES, HALDENSTRASSE 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	8006 LUZERN, SWITZERLAND	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, MARTHA	5.2 NAME	
STREET ADDRESS	80 BRATTLE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLON, EILEEN	6.2 NAME	
STREET ADDRESS	48 GARRISON LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBORO MA	6.4 CITY-ST-ZIP	

14. 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 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 changing or deleting a name with an address.

SIGNATURE:  MARTHA DOYLE 4/26/98

CR2E034 (10/97)