

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90192 028 ***150.00

DOCUMENT # F96000006390

1. Entity Name
EFEKTA SCHOOLS, INC.

Principal Place of Business Mailing Address
EF CENTER BOSTON EF CENTER BOSTON
ONE EDUCATION ST ONE EDUCATION ST
CAMBRIDGE MA 02141-1883 CAMBRIDGE MA 02141-1883
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **04-3337221** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **HULT, PHILIP**
 STREET ADDRESS **%GUN DENHART, 5565 SW HEWETT BLVD**
 CITY-ST-ZIP **PORTLAND OR 97221**

TITLE **D** ☒ Delete
 NAME **HULT, LISBETH**
 STREET ADDRESS **BJORKEBERGAVAGEN 7**
 CITY-ST-ZIP **18263 DJURSHOLM, SWEDEN**

TITLE **D** ☒ Delete
 NAME **NILSSON, BERIT**
 STREET ADDRESS **KRAGENASVAGEN 12**
 CITY-ST-ZIP **S-18165 LIDINGO, SWEDEN**

TITLE **D** ☒ Delete
 NAME **APPELQUIST, JENS**
 STREET ADDRESS **%EF COLLEGES, HALDENSTRASSE 4**
 CITY-ST-ZIP **6006 LUZERN, SWITZERLAND**

TITLE **P** ☒ Delete
 NAME **DOYLE, MARTHA**
 STREET ADDRESS **60 BRATTLE ST**
 CITY-ST-ZIP **CAMBRIDGE MA 02138**

TITLE **TS** ☒ Delete
 NAME **DAHLFORS, JARL**
 STREET ADDRESS **140 BENJENUE ST**
 CITY-ST-ZIP **WELLESLEY MA 02181**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **HULT, LISBETH**
 STREET ADDRESS **Grev Turegatan 11a**
 CITY-ST-ZIP **114 87 Stockholm, Sweden**

TITLE **D** ☒ Change ☐ Addition
 NAME **SEIFERT, CASPER**
 STREET ADDRESS **Haldenstrasse 4**
 CITY-ST-ZIP **6006, Luzern Switzerland**

TITLE **D T** ☒ Change ☐ Addition
 NAME **APPELKVIST, JENS**
 STREET ADDRESS **One Education Street**
 CITY-ST-ZIP **Cambridge, MA 02141**

TITLE **P** ☒ Change ☐ Addition
 NAME **DOYLE, MARTHA**
 STREET ADDRESS **One Education Street**
 CITY-ST-ZIP **Cambridge, MA 02141**

TITLE **S** ☒ Change ☐ Addition
 NAME **GYLLENHAAL, ROSA**
 STREET ADDRESS **One Education Street**
 CITY-ST-ZIP **Cambridge, MA 02141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 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.

SIGNATURE: Rosa Gyllenhaal **Rosa Gyllenhaal** 4/27/01 617-619-1077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0440650

CR2E034 (10/00)