

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90092 013 ***550.00

DOCUMENT # F96000006390

1. Entity Name
EFEKTA SCHOOLS, INC.

Principal Place of Business

**EF CENTER BOSTON
ONE EDUCATION ST
CAMBRIDGE MA 02141-1883
US**

Mailing Address

**EF CENTER BOSTON
ONE EDUCATION ST
CAMBRIDGE MA 02141-1883
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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

TITLE **TD** ☐ Change ☒ Addition
NAME **Forsberg, Erik**
STREET ADDRESS **Grev Turegatan 11A**
CITY-ST-ZIP **114 87 Stockholm, Sweden**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa Gyllenhaal

5/8/02

Date

617 619-1077

Daytime Phone #

CR2E034 (9/01)