2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000005030

Entity Name: THE LANGUAGE PROJECT, INC.

FILED Mar 20, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3862 IMAGINARY RD. 3862 IMAGINARY RD. TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32309

Current Mailing Address: New Mailing Address:

3862 IMAGINARY RD.
TALLAHASSEE, FL 32308
3862 IMAGINARY RD.
TALLAHASSEE, FL 32309

FEI Number: 59-3661615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRESGE, CAROL A
3862 IMAGINARY RD.
TALLAHASSEE, FL 32308

KRESGE, CAROL A
3862 IMAGINARY RD.
TALLAHASSEE, FL 32309

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: CAROL A. KRESGE 03/20/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: KRESGE, CAROL A Name: KRESGE, CAROL A

Address: 3862 IMAGINARY RD. Address: 3862 IMAGINARY RD. City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete Title: D (X) Change () Addition Name: WILDE, KAREN B Name: WILDE, KAREN B

 Address:
 9601 MICCOSUKEE RD., #2
 Address:
 9601 MICCOSUKEE RD., #2

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32309

Title: () Delete Title: (X) Change () Addition ARMSTRONG, BENJAMIN Name: ARMSTRONG, BENJAMIN Name: 9601 MICCOSUKEE RD., #2 9601 MICCOSUKEE RD., #2 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KRESGE, LYNDA S
 Name:
 KRESGE, LYNDA S

 Address:
 12 PLYMOUTH ST.
 Address:
 7 PLYMOUTH ST.

 City-St-Zip:
 ARLINGTON, MA 02476
 City-St-Zip:
 ARLINGTON, MA 02476

Title: D () Delete Title: () Change () Addition

 Name:
 ELLEN, LAURICELLA
 Name:

 Address:
 200 WEST PARK AVE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A KRESGE D 03/20/2002