SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29 1997 8:00am
Secretary of State

DOCUMENT # P05885 (9)

1. Corporation Name
EF INTERNATIONAL LANGUAGE SCHOOLS, INC.

Principal Place of Business	Mailing Address
204 LAKE ST BRIGHTON MA 02134 US	204 LAKE ST BRIGHTON MA 02135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1985
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 02139
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 77-0005740 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	SOLVELL, STEFAN		1.2 NAME	LOUISE JULIAN	
STREET ADDRESS	ONE MEMORIAL DR		1.3 STREET ADDRESS	ONE MEMORIAL DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA		1.4 CITY-ST-ZIP	CAMBRIDGE, MA 02142	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CASSERLOV, GORAN		2.2 NAME		
STREET ADDRESS	ONE MEMORIA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	BYRNE, WENDY		3.2 NAME	MARK SEMAN	
STREET ADDRESS	204 LAKE ST		3.3 STREET ADDRESS	204 LAKE STREET	
CITY-ST-ZIP	BRIGHTON MA		3.4 CITY-ST-ZIP	BRIGHTON, MA 02135	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NILSSON, ANNA		4.2 NAME		
STREET ADDRESS	204 LAKE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRIGHTON MA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: [signature] TREASURER 07/21/97 (617)746-1723