FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P29503** **(0)**

1. Corporation Name

SCHILLER INTERNATIONAL UNIVERSITY, INC.

Principal Place of Business	Mailing Address
CORPORATE TRUST CO. 1209 ORANGE ST. WILMINGTON DE 19801-1196	CORPORATE TRUST CO. 1209 ORANGE ST. WILMINGTON DE 19801-1196

3. Date Incorporated or Qualified: **05/24/1990**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **22-2506969**	☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEIBRECHT, CHISTOPH
453 EDGEWATER DR
DUNEDIN FL 34698

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEIBRECHT, WALTER W.		1.2 NAME		
STREET ADDRESS	74379 INGERSHEIM		1.3 STREET ADDRESS		
CITY-ST-ZIP	GERMAN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FARRIS, ERDMUTHE TILLI		2.2 NAME		
STREET ADDRESS	540 WEST 122ND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEIBRECHT, HARALD		3.2 NAME		
STREET ADDRESS	74379 INGERSHEIM		3.3 STREET ADDRESS		
CITY-ST-ZIP	GERMANY		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OETTLER, WOLF-FRITZ		4.2 NAME		
STREET ADDRESS	APARTADO POSTAL 20-187		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEXICO		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSON, DR. SVEN		5.2 NAME		
STREET ADDRESS	15 COURT SQUARE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEHMANN, PETER L		6.2 NAME		
STREET ADDRESS	2740 HAMPTON PKWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is an attachment with an address.

SIGNATURE: _____ Harald Leibrecht, Secr. 03/25/96 49-7142-95650 (Germany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)