2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** P29503 1. Entity Name 04-29-2002 90092 039 ***158.75 SCHILLER INTERNATIONAL UNIVERSITY, INC. Principal Place of Business Mailing Address CORPORATE TRUST CO. SCHILLER INTERNATIONAL UNIVERSITY 1209 ORANGE ST. ATTN THOMAS LEIBRECHT **WILMINGTON DE 19801-1196** SCHLOSS. INGERSHEIM GERMANY 74379 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 22-2506969 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEIBRECHT, CHRISTOPH Street Address (P.O. Box Number is Not Acceptable) **453 EDGEWATER DR DUNEDIN FL 34698** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition NAME LEIBRECHT, WALTER W. NAME STREET ADDRESS 74379 INGERSHEIM STREET ADDRESS CITY-ST-7IP GERMAN CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FARRIS, ERDMUTHE TILLI NAME STREET ADDRESS **540 WEST 122ND ST** STREET ADDRESS CITY-ST-7IP NEW YORK NY CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME LEIBRECHT, HARALD năme STREET ADDRESS 74379 INGERSHEIM STREET ADDRESS CITY-ST-ZIP GERMANY CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME OETTLER, WOLF-FRITZ STREET ADDRESS **APARTADO POSTAL 20-187** STREET ADDRESS CITY-ST-ZIP MEXICO CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME JOHANSON, DR. SVEN NAME STREET ADDRESS 15 COURT SQUARE STREET ADDRESS CITY-ST-ZIP BOSTON MA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEHMANN, PETER L NAME STREET ADDRESS 2740 HAMPTON PKWY STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

EVANSTON IL

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS LEIBRECHT, DIRECTOR 2 April 2002

FILED