

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90037 005 ***158.75

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DOCUMENT # P29503

1. Entity Name

SCHILLER INTERNATIONAL UNIVERSITY, INC.



Principal Place of Business

**CORPORATE TRUST CO.
1209 ORANGE ST.
WILMINGTON DE 19801-1196**

Mailing Address

**BERGSTRASSE 106.
ATTN THOMAS LEIBRECHT
69121 HEIDELBERG GERMANY**

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

22-2506969

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIBRECHT, CHRISTOPH
453 EDGEWATER DR
DUNEDIN FL 34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEIBRECHT, WALTER W.**
STREET ADDRESS **74379 INGERSHEIM**
CITY-ST-ZIP **GERMAN**

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

TITLE **D** ☐ Delete
NAME **FARRIS, ERDMUTHE TILLI**
STREET ADDRESS **540 WEST 122ND ST**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **S** ☐ Delete
NAME **LEIBRECHT, HARALD**
STREET ADDRESS **74379 INGERSHEIM**
CITY-ST-ZIP **GERMANY**

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

TITLE **D** ☐ Delete
NAME **OETTLER, WOLF-FRITZ**
STREET ADDRESS **APARTADO POSTAL 20-187**
CITY-ST-ZIP **MEXICO**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MEXICO 20 DF, MEXICO CPO 1000**

TITLE **D** ☐ Delete
NAME **JOHANSON, DR. SVEN**
STREET ADDRESS **15 COURT SQUARE**
CITY-ST-ZIP **BOSTON MA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **BOSTON MA 02108**

TITLE **D** ☐ Delete
NAME **LEHMANN, PETER L**
STREET ADDRESS **2740 HAMPTON PKWY**
CITY-ST-ZIP **EVANSTON IL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **EVANSTON IL 60201**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Leibrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 April 2003 727-736-5082

CR2E034 (10/02)