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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30493** (1)

1. Corporation Name

**WORLD EDUCATION, INC.**

Principal Place of Business

**44 FARNSWORTH STREET  
BOSTON MA 02210**

Mailing Address

**44 FARNSWORTH STREET  
BOSTON MA 02210-1209**



3. Date Incorporated or Qualified  
**08/01/1990**

3a. Date of Last Report  
**12/24/1996**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

4. FEI Number  
**13-1804349**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVERSTONE, JON  
28605 SW 172 ST  
HOLMSTEAD FL 33030**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **LAMSTEIN, JOEL H.**  
STREET ADDRESS **44 FARNSWORTH STREET**  
CITY-ST-ZIP **BOSTON MA 02210**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **COMINGS, JOHN P.**  
STREET ADDRESS **44 FARNSWORTH STREET**  
CITY-ST-ZIP **BOSTON MA 02210**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **COMINGS, JOHN P.**  
STREET ADDRESS **44 FARNSWORTH STREET**  
CITY-ST-ZIP **BOSTON MA 02210**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D Colletta, Nat**  
3.3 STREET ADDRESS **44 Farnsworth Street**  
3.4 CITY-ST-ZIP **Boston, MA 02210**

TITLE **D** ☐ DELETE  
NAME **GOLDBERG, LELAND B**  
STREET ADDRESS **44 FARNSWORTH STREET**  
CITY-ST-ZIP **BOSTON MA 02210**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LEVY, GERALD DUN**  
STREET ADDRESS **44 FARNSWORTH STREET**  
CITY-ST-ZIP **BOSTON MA 02210**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D Steven S. Winter**  
6.3 STREET ADDRESS **44 Farnsworth Street**  
6.4 CITY-ST-ZIP **Boston, MA 02210**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

 **STEVEN S. WINTER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/97 617 4829445**

Date

Daytime Phone # **0001049**

CR2E037 (9/96)