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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P30493					
1. Corporation Name WORLD EDUCATION, INC.					
Principal Place of Business 44 FARNSWORTH STREET BOSTON MA 02210			Mailing Address 44 FARNSWORTH STREET BOSTON MA 02210		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/01/1990	
22 City & State		27 City & State		4. FEI Number 13-1804349 Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		25		29 30	
9. Name and Address of Current Registered Agent SILVERSTONE, JON 28605 SW 172 ST HOLMSTEAD FL 33030			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 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	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LAMSTEIN, JOEL H.		1.2 NAME		
STREET ADDRESS	44 FARNSWORTH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02210		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	COMINGS, JOHN P.		2.2 NAME	Foltz, William	
STREET ADDRESS	44 FARNSWORTH STREET		2.3 STREET ADDRESS	43 Lincoln Street	
CITY-ST-ZIP	BOSTON MA 02210		2.4 CITY-ST-ZIP	New Haven, Ct 06511	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLETTA, NAT		3.2 NAME		
STREET ADDRESS	44 FARNSWORTH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, LELAND B		4.2 NAME		
STREET ADDRESS	44 FARNSWORTH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02210		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COVEY, JANE G		5.2 NAME		
STREET ADDRESS	44 FARNSWORTH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02210		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAYO-SMITH, RICHMOND		6.2 NAME		
STREET ADDRESS	156 MOUNT VERNON STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02108		6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.19.1999 (617) 482-9485

CR2E037 114521



WORLD EDUCATION

Form 700- #13-1804349

Part V

553397-90026-14
P3 0493

*Mailing Address
*Non-Voting Member

Board of Trustees Directory

June 30 1998

Dr. Harbans Singh Bhola (12/88)

330 South Lori Lane
Bloomington, IN 47401
Tel: (812) 332-2832
Fax: (812) 335-6843

* School of Education
Room 4234
Indiana University
Bloomington, IN 47405
Tel: (812) 856-8376
Fax: (812) 856-8440
E-mail: bhola@indiana.edu

Noreen Clark

* Dean & Marshall H. Becker
Professor
School of Public Health
University of Michigan
109 South Observatory Street
Ann Arbor, MI 48109-2029
Tel: (734) 763-5454
E-mail: nmclark@umich.edu

Nat Colletta (10/85)

* 3711 Brandywine, NW
Washington, DC 20016-1809
Tel: (202) 362-1690

The World Bank
AF-2PH J Building
Ninth Floor
1818 H Street, NW
Washington, DC 20433
Tel: (202) 473-4163
Fax: (202) 477-2976
E-mail: ncolletta@worldbank.org

Jane Covey (6/94)

Chair
151 Tremont Street
Apartment 16R
Boston, MA 02111
Tel: (617) 292-4770

* 44 Farnsworth Street
Boston, MA 02210-1211
Tel: (617) 422-0422
Fax: (617) 482-0617
E-mail: jcovey@jsi.com
URL: www.jsi.com/idr

Dr. William Foltz (6/84)

* 43 Lincoln Street
New Haven, CT 06511
Tel: (203) 776-6379

Department of Political Science
Yale University
124 Prospect Street
P.O. Box 208301
New Haven, CT 06520-8301
Tel: (203) 432-5260
Fax: (203) 432-6196
E-mail: william.foltz@yale.edu

Judge Edward M. Ginsburg (10/88)

* 221 Valentine Street
West Newton, MA 02165
Tel: (617) 244-9668

Probate Court
Concord, MA 01742
Tel: (978) 729-5479
Fax: (978) 225-0781

World Education, Inc.

44 Farnsworth Street
Boston • Massachusetts
617 482 • 9485 Voice
617 482 • 0617 Fax

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P30493

Leland B. Goldberg (1/85)

Treasurer

* 31 Chessman Drive
Sharon, MA 02067
Tel: (617) 784-5638
E-mail: leland@aol.com

Resolution Capital Corporation
100 Federal Street
33rd Floor
Boston, MA 02110
Tel: (617) 946-9779
Fax: 617 946-0808

Thomas Keehn (1/67)

* 60 Tennis Place
Forest Hills, NY 11375
Tel: (718) 268-7707
Fax: (718) 268-2510
E-mail: mtk6010@aol.com

The American Forum for Global
Education
120 Wall Street
Suite 2600
New York, NY 10005
Tel: (212) 742-8232 x349
Fax: (212) 742-8752

+Joel H. Lamstein (5/81)

President

45 Pinecrest Road
Newton, MA 02159
Tel: (617) 244-0646

* World Education, Inc.
44 Farnsworth Street
Boston, MA 02210-1211
Tel: (617) 482-9485
Fax: (617) 482-0617
E-mail: jlamstein@jsi.com
URL: www.worlded.org

Carol Lancaster (6/96)

1727 S Street, NW
Washington, DC 20009
Tel: (202) 687-8171

* School of Foreign Service
Georgetown University
11 Dupont Circle, NW
Suite 620
Washington, DC 20036
Tel: (202) 328-9000
Fax: (202) 328-5432
E-mail: clancas@jie.com

Leslie Tarr Laurie (6/84)

113 Pacardville Road
16 Center Street
Amherst, MA 01002

* Tapestry Health Systems
16 Center Street
North Hampton, MA 01060
Tel: (413) 253-7034
Fax: (413) 586-0212
E-mail: llaurie@tapestryhealth.org

Mr. Gerald Dun Levy (5/77)

43 Evans Lane
Wilton, CT 06897
Tel: (203) 762-9193
Fax: (203) 762-0793

* 333 East 68th Street
New York, NY 10021
Tel: (212) 734-6560

National Executive Service Corps
257 Park Avenue South
New York, NY 10021
Tel: (212) 529-6660
Fax: (212) 228-3958
E-mail: natlescc@aol.com

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Senator David P. Magnani (10/87)

* 70 Fay Road
Framington, MA 01721
Tel: (617) 875-0887

Massachusetts State House
Room 413 H
Boston, MA 02133
Tel: (617) 722-1649
Fax: (617) 722-1007

Victoria Marsick (6/96)

* Department of Organization &
Leadership
Teachers College
Columbia University
New York, NY 10027
Tel: (212) 678-3754
Fax: (212) 744-6460
E-mail: vjm@colombia.edu

Richmond Mayo-Smith (12/73)

Secretary

* 156 Mount Vernon Street
Boston, MA 02108
Tel: (617) 227-0818
Fax: (617) 227-7464

Judy Hendren Mello (6/95)

* 870 Fifth Avenue
New York, NY 10021
Tel: (212) 288-7280

Betsy A. Nelson (10/91)

* Executive Director
Boston Partners in Education
44 Farnsworth Street
Boston, MA 02210
Tel: (617) 451-6145
Fax: (617) 482-0617
E-mail: wsouthport@msn.com

Dr. Amos O. Odenyo (7/76)

* 204-21 46th Avenue
Bayside, NY 11361
Tel: (718) 225-5926

Department of Social Sciences
York College
City University of New York
Jamaica, NY 11451
Tel: (718) 262-2619
Fax: (718) 262-2027
E-mail: odenyo@ycvax.york.cuny.edu

Fred O'Regan

* IFAW
411 Main Street
Yarmouth Port, MA 02675
Tel: (508) 362-8412
Fax: (508) 362-2034
E-mail: foregan@ifaw.org

Ervin Shames (6/95)

* 35 Mollbrook Drive
Wilton, CT 06897
Tel: (203) 762-0298

Visiting Lecturer
Darden Graduate School of Business
University of Virginia
Charlottesville, VA 22901

Chairman
Select Comfort Corporation
6105 Trenton Lane North
Minneapolis, MN 55442
Tel: (612) 551-7000

Mr. Charles H. Trout

* 211 North Queen Street
Chestertown, MD 21620
Tel: (410) 778-6253

411 Whiteface Road
North Sandwich, NH 03259
Tel: (603) 284-7143