

DOCUMENT # P30493

1. Entity Name

WORLD EDUCATION, INC.

Principal Place of Business

44 FARNSWORTH STREET
BOSTON MA 02210

Mailing Address

44 FARNSWORTH STREET
BOSTON MA 02210-1209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-1804349

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional\$8.75. Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SILVERSTONE, JON
28605 SW 172 ST
HOLMSTEAD FL 33030

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPO
LAMSTEIN, JOEL H.
44 FARNSWORTH STREET
BOSTON MA 02210TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
FOLTZ, WILLIAM
43 LINCOLN STREET
NEW HAVEN CT 06511TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
COLLETTA, NAT
44 FARNSWORTH ST
BOSTON MATITLE
NAME
STREET ADDRESS
CITY-ST-ZIPT
GOLDBERG, LELAND B
44 FARNSWORTH STREET
BOSTON MA 02210TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPC
COVEY, JANE G
44 FARNSWORTH STREET
BOSTON MA 02210TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
MAYO-SMITH, RICHMOND
156 MOUNT VERNON STREET
BOSTON MA 02108

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AddTITLE
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CITY-ST-ZIP

02210

☐ Change ☐ AddTITLE
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NAME
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CITY-ST-ZIP☐ Change ☐ Add

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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90142 016 ****61.25

DO NOT WRITE IN THIS SPACE

1/24/00

607-482-948