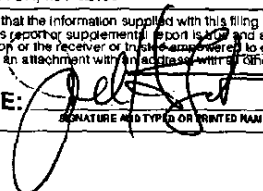


FILED
Jun 26, 2003 8:00 A.M.
Secretary of State

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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	
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 13-1804349		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SILVERSTONE, JON 28805 SW 172 ST HOLMSTEAD, FL 33030		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____			
FILE NOW! FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	LAMSTEIN, JOEL H.		
STREET ADDRESS	44 FARNSWORTH STREET		
CITY-ST-ZIP	BOSTON, MA 02210		
TITLE	D	☐ Delete	
NAME	FOLTZ, WILLIAM		
STREET ADDRESS	43 LINCOLN STREET		
CITY-ST-ZIP	NEW HAVEN, CT 06511		
TITLE	D	☐ Delete	
NAME	COLLETTA, NAT		
STREET ADDRESS	44 FARNSWORTH ST		
CITY-ST-ZIP	BOSTON, MA		
TITLE	T	☐ Delete	
NAME	GOLDBERG, LELAND B		
STREET ADDRESS	44 FARNSWORTH STREET		
CITY-ST-ZIP	BOSTON, MA 02210		
TITLE	C	☐ Delete	
NAME	TROUT, CHARLES H		
STREET ADDRESS	44 FARNSWORTH STREET		
CITY-ST-ZIP	BOSTON, MA 02210		
TITLE	S	☐ Delete	
NAME	MAYO-SMITH, RICHMOND		
STREET ADDRESS	156 MOUNT VERNON STREET		
CITY-ST-ZIP	BOSTON, MA 02108		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 if changed, or on an attachment with this statement, other than the empowered.			
SIGNATURE: 		5/23/03 (617) 482-9485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CH2E037 (10/02)

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