FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:58

DOCUMENT # P39503 (8)

1. Corporation Name
EF SCHOOLS, INC.

Principal Place of Business	Mailing Address
ONE MEMORIAL DRIVE CAMBRIDGE MA 02142	ONE MEMORIAL DRIVE CAMBRIDGE MA 02142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 04-3156817 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVT	1.1 TITLE	T	☒ Change ☐ Addition
NAME	CASSERLOV, GORAN	1.2 NAME	Doyle, Martha	
STREET ADDRESS	%HALDENSTRASSE 4, 6006	1.3 STREET ADDRESS	% One Memorial Drive	
CITY-ST-ZIP	LUZERN, SWITZERLAND	1.4 CITY-ST-ZIP	Cambridge, ma 02142	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CASSERLOV, GORAN	2.2 NAME		
STREET ADDRESS	%HALDENSTRASSE 4, 6006	2.3 STREET ADDRESS		
CITY-ST-ZIP	LUZERN, SWITZERLAND	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	VINCENT, LUCI DALEY	3.2 NAME		
STREET ADDRESS	%101 FEDERAL ST.,26TH FL	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HULT, LISBETH	4.2 NAME		
STREET ADDRESS	355 GARFIELD ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD MA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HULT, PHILIP	5.2 NAME		
STREET ADDRESS	355 GARFIELD ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD MA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Nilsson, Berit	
STREET ADDRESS		6.3 STREET ADDRESS	% Grev Turegatan 11A	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Stockholm, Sweden	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha H. Doyle (MARTHA H. DOYLE) 2-28-95 (617) 252-6000
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000228 CP