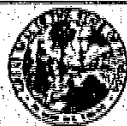


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

ONE MEMORIAL DRIVE
CAMBRIDGE MA 02142

Mailing Address

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	CASSERLOV, GORAN
STREET ADDRESS	%HALDENSTRASSE 4, 6006
CITY-ST-ZIP	LUZERN, SWITZERLAND
TITLE	D
NAME	CASSERLOV, GORAN
STREET ADDRESS	%HALDENSTRASSE 4, 6006
CITY-ST-ZIP	LUZERN, SWITZERLAND
TITLE	S
NAME	VINCENT, LUCI DALEY
STREET ADDRESS	%101 FEDERAL ST., 26TH FL
CITY-ST-ZIP	BOSTON MA
TITLE	D
NAME	HULT, LISBETH
STREET ADDRESS	355 GARFIELD ROAD
CITY-ST-ZIP	CONCORD MA
TITLE	D
NAME	HULT, PHILIP
STREET ADDRESS	355 GARFIELD ROAD
CITY-ST-ZIP	CONCORD MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Doyle, Martha
1.3 STREET ADDRESS	% One Memorial Drive
1.4 CITY-ST-ZIP	Cambridge, MA 02142
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Nilsson, Berit
6.3 STREET ADDRESS	% Grev Turegatan 11A
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)(d), 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 (MARSHA H. DOYLE)

2-28-95

(617) 252-6000

INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #