

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065604 (8)

1. Corporation Name

SCHILLER INTERNATIONAL UNIVERSITY - UNIVERSITY D
MISSION, INC.



Principal Place of Business

453 EDGEWATER DR.
DUNEDIN FL 34698

Mailing Address

453 EDGEWATER DR.
DUNEDIN FL 34698

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

EDWARDS, JOSEPH D
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602

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. If not applicable, leave blank.

(NOTE: Registered Agent Signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEIBRECHT, CHRISTOPH | |
| STREET ADDRESS | 51-55 WATERLOO RD. | |
| CITY-ST-ZIP | LONDON, GREAT BRITAIN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OTTLER, WOLF-FRITZ | |
| STREET ADDRESS | APARTADO POSTAL 20-187 | |
| CITY-ST-ZIP | MEXICO 20 DF, MEXICO CPO1000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHANSON, SVEN | |
| STREET ADDRESS | 15 COURT SQUARE | |
| CITY-ST-ZIP | BOSTON MA 02108 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEHMANN, DR. PETER L | |
| STREET ADDRESS | 2740 HAMPTON PARKWAY | |
| CITY-ST-ZIP | EVANSON IL 60201 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | AUGUST, IRMTRAUD | |
| STREET ADDRESS | WADMANNSTRASSE 32 | |
| CITY-ST-ZIP | 75334 STRAUBENHARDT-SCHWANN | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEIBRECHT, HARALD | |
| STREET ADDRESS | IM SCHLOB | |
| CITY-ST-ZIP | 74379 INGERSHEIM, GERMANY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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)(k), 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, 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:

Handwritten signature of Christoph Leibrecht

CHRISTOPH LEIBRECHT

JUNE 21, 1996 (815) 736 5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)