

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065604

FILED
Apr 29, 2005
Secretary of State

Entity Name: SCHILLER INTERNATIONAL UNIVERSITY - UNIVERSITY DIVISION, INC.

Current Principal Place of Business:

453 EDGEWATER DR.
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

SCHILLER INTL. - ATTN: T LEIBRECHT
BERGSTRASSE 106
69121 HEIDELBERG, GERMANY, GY 69121 GY

New Mailing Address:

FEI Number: 59-3405906 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: LEIBRECHT, CHRISTOPH DR
Address: 453 EDGEWATER DR
City-St-Zip: DUNEDIN, FL 34698 US

Title: D () Delete
Name: OTTLER, WOLF-FRITZ
Address: APARTADO POSTAL 20-187
City-St-Zip: MEXICO 20 DF, MEXICO CPO1000, MX 1000 MX

Title: D () Delete
Name: JOHANSON, SVEN DR
Address: 15 COURT SQUARE
City-St-Zip: BOSTON, MA 02108 US

Title: D () Delete
Name: LEIBRECHT, THOMAS H
Address: BERGSTRASSE 106
City-St-Zip: 69121 HEIDELBERG, GERMANY, GY 69121 GY

Title: D () Delete
Name: AUGUST, IRMTRAUD
Address: TEINACHSTR. 6
City-St-Zip: 75334 STRAUBENHARDT-SCHWANN, GY 75334 GY

Title: D () Delete
Name: LEIBRECHT, HARALD DR
Address: IM SCHLOSS
City-St-Zip: 74379 INGERSHEIM, GERMANY, GY 74379 GY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS LEIBRECHT

MR

04/29/2005

Electronic Signature of Signing Officer or Director

Date