

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065604

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

505 EDGEWATER DRIVE  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3408582      **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: CST ( ) Delete  
Name: LEIBRECHT, CHRISTOPH  
Address: 505 EDGEWATER DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: D ( ) Delete  
Name: LEIBRECHT, HARALD  
Address: SCHLOSS  
City-St-Zip: INGERSHEIM, OC 74379 OC

Title: D ( ) Delete  
Name: LEIBRECHT, THOMAS  
Address: SCHLOSS  
City-St-Zip: INGERSHEIM, OC 74379 OC

Title: D ( ) Delete  
Name: LEIBRECHT, MARKUS  
Address: 272 ABERDEEN STREET  
City-St-Zip: DUNEDIN, FL 34698 FL

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

D

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date