2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2020
Secretary of State
8608363494CC

DOCUMENT# P02124

Entity Name: SAINT GEORGE'S UNIVERSITY LIMITED INC.

Current Principal Place of Business:

UNIVERSITY CENTER
TRUE BLUE CAMPUS
TRUE BLUE, ST. GEORGE'S, SG GRENA-DA

Current Mailing Address:

UNIVERSITY CENTER
TRUE BLUE CAMPUS
TRUE BLUE, ST. GEORGE'S, SG GRENA-DA WI

FEI Number: 98-0467366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	ADAMS, CHARLES	Name	SHEINER, ANDREW
Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS	Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS
City-State-Zip:	ST. GEORGE	City-State-Zip:	ST. GEORGE
Title	DIRECTOR	Title	DIRECTOR
Name	BOSELA, SANDRA	Name	MODICA, CHARLES
Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS	Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS
City-State-Zip:	ST. GEORGE	City-State-Zip:	ST. GEORGE
Title	DIRECTOR	Title	DIRECTOR
Name	COUTURE, JEAN FRANCOISE	Name	FLIER, JEFFREY
Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS	Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS
City-State-Zip:	ST. GEORGE	City-State-Zip:	ST. GEORGE
Title	DIRECTOR	Title	DIRECTOR
Name	MERRILL, ELIOT	Name	HIRSCHI, NICHOLAS
Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS	Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS
City-State-Zip:	ST. GEORGE	City-State-Zip:	ST. GEORGE

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I hereby 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 all other like empowered.

SIGNATURE: MR.JASON GOMES COMPTROLLER 02/27/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, PRESIDENT
Name	SUSSMAN, ANDREW J.
Address	ONE PENN PLAZA
City-State-Zip:	NEW YORK NY 10119

Title	SECRETARY
Name	BIENER, STEVEN L.
Address	124 YARDLEY LANE
City-State-Zip:	WILMINGTON DE 19810

Title	COMPTROLLER
Name	GOMES, MR.JASON
Address	UNIVERSITY CAMPUS TRUE BLUE CAMPUS
City-State-Zip:	ST. GEORGE