

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000007136

**Entity Name:** EFEKTA INSTITUTE, INC.

**Current Principal Place of Business:**

ONE EDUCATION STREET  
CAMBRIDGE, MA 02141

**Current Mailing Address:**

ONE EDUCATION STREET  
CAMBRIDGE, MA 02141

**FEI Number: 04-3414628**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS 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 D  
Name HELLESTAM, LOUISE  
Address ONE EDUCATION ST  
City-State-Zip: CAMBRIDGE MA 02141

Title PD  
Name APPELKVIST, JENS  
Address HALDENSTRASSE 4, CH 6006  
City-State-Zip: LUZERN

Title S  
Name GYLLENHAAL, ROSA  
Address ONE EDUCATION STREET  
City-State-Zip: CAMBRIDGE MA 02141

Title T  
Name ROSA, GYLLENHAAL  
Address ONE EDUCATION STREET  
City-State-Zip: CAMBRIDGE MA 02141

*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: ROSA GYLLENHAAL**

**SECRETARY**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date