

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90169 040 ***150.00

0614038 AT

DOCUMENT # **F00000007136**

1. Entity Name
EFEKTA INSTITUTE, INC.



Principal Place of Business
**ONE EDUCATION STREET
CAMBRIDGE MA 02141**

Mailing Address
**ONE EDUCATION STREET
CAMBRIDGE MA 02141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3414628**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	HULT, LISBETH
STREET ADDRESS	GREV TUREGATAN 11A
CITY-ST-ZIP	114 87 STOCKHOLM, SWEDEN
TITLE	P <input type="checkbox"/> Delete
NAME	DOYLE, MARTHA
STREET ADDRESS	ONE EDUCATION STREET
CITY-ST-ZIP	CAMBRIDGE MA 02141
TITLE	S <input type="checkbox"/> Delete
NAME	GYLLENHAAL, ROSA
STREET ADDRESS	ONE EDUCATION STREET
CITY-ST-ZIP	CAMBRIDGE MA 02141
TITLE	DT <input type="checkbox"/> Delete
NAME	FORSBERG, ERIK
STREET ADDRESS	GREV TUREGATAN 11A
CITY-ST-ZIP	STOCKHOLM, SWEDEN 11-4 87
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hult, Lisbeth
STREET ADDRESS	Haldenstrasse 4
CITY-ST-ZIP	Luzern, Switzerland 6006
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa Gyllenhaal 1/20/03 417 619-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)