

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000827

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** EF INSTITUTE FOR CULTURAL EXCHANGE, INC.

**Current Principal Place of Business:**

ONE EDUCATION ST.  
CAMBRIDGE, MA 02141

**New Principal Place of Business:**

ONE EDUCATION ST.  
CAMBRIDGE, MA 02141 UN

**Current Mailing Address:**

ONE EDUCATION ST.  
CAMBRIDGE, MA 02141

**New Mailing Address:**

FEI Number: 94-2480207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JULIAN, LOUISE  
Address: ONE EDUCATION ST.  
City-St-Zip: CAMBRIDGE, MA 02141

Title: S  
Name: DUNN, CHRISTOPHER  
Address: ONE EDUCATION ST.  
City-St-Zip: CAMBRIDGE, MA 02141

Title: T  
Name: APPELKVIST, JENS  
Address: ONE EDUCATION ST.  
City-St-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: CARL MAGNUS WALLSTROM

TREA

01/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date