

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05885 (9)
1. Corporation Name
EF INTERNATIONAL LANGUAGE SCHOOLS, INC.



Principal Place of Business
**ONE MEMORIAL DRIVE
CAMBRIDGE MA 02142**

Mailing Address
**ONE MEMORIAL DRIVE
CAMBRIDGE MA 02142**

3. Date Incorporated or Qualified
05/03/1985

3a. Date of Last Report
03/13/1995

2. Principal Place of Business
21 **204 Lake Street**

2a. Mailing Address
26 **204 Lake Street**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Brighton MA

28 City & State
Brighton, MA

24 Zip
02135

25 Country

29 Zip
02135

30 Country

4. FEI Number
77-0005740

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, PHILLIP	
STREET ADDRESS	ONE MEMORIAL DR.	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	TEJME, ROBERT	
STREET ADDRESS	ONE MEMORIAL DR.	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLSSON, OLLE	
STREET ADDRESS	ONE MEMORIAL DR	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stefan Solvell	
1.3 STREET ADDRESS	One Memorial Drive	
1.4 CITY-ST-ZIP	Cambridge MA 02142	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Goran Casserlov	
2.3 STREET ADDRESS	One Memorial Drive	
2.4 CITY-ST-ZIP	Cambridge MA 02142	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wendy Byrne	
3.3 STREET ADDRESS	204 Lake Street	
3.4 CITY-ST-ZIP	Brighton MA 02135	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anna Nilsson	
4.3 STREET ADDRESS	204 Lake Street	
4.4 CITY-ST-ZIP	Brighton MA 02135	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna Nilsson* **Anna Nilsson** **03/15/96** **(617) 746-1700**

CR2E034 (12/95)