

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05885 (9)
 1. Corporation Name
EF INTERNATIONAL LANGUAGE SCHOOLS, INC.



Principal Place of Business 204 LAKE ST BRIGHTON MA 02135 US	Mailing Address 204 LAKE ST BRIGHTON MA 02135 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Education Street Suite, Apt. #, etc. 22 8:th floor City & State 23 Cambridge, MA Zip 24 02141-1805 Country 25 USA	2a. Mailing Address 26 One Education Street Suite, Apt. #, etc. 27 8:th floor City & State 28 Cambridge, MA Zip 29 02141 Country 30 USA
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3. Date Incorporated or Qualified 05/03/1985	4. FEI Number 77-0005740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JULIAN, LOUISE		1.2 NAME	
STREET ADDRESS ONE MEMORIAL DR		1.3 STREET ADDRESS One Education Street	
CITY-ST-ZIP CAMBRIDGE MA		1.4 CITY-ST-ZIP Cambridge, MA 02141-1805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASSERLOV, GORAN		2.2 NAME	
STREET ADDRESS ONE MEMORIA DR		2.3 STREET ADDRESS One Education Street	
CITY-ST-ZIP CAMBRIDGE MA		2.4 CITY-ST-ZIP Cambridge, MA 02141-1805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEMAN, MARK		3.2 NAME	
STREET ADDRESS 204 LAKE ST		3.3 STREET ADDRESS One Education Street	
CITY-ST-ZIP BRIGHTON MA		3.4 CITY-ST-ZIP Cambridge, MA 02141-1805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NILSSON, ANNA		4.2 NAME	
STREET ADDRESS 204 LAKE STREET		4.3 STREET ADDRESS One Education Street	
CITY-ST-ZIP BRIGHTON MA		4.4 CITY-ST-ZIP Cambridge, MA 02141-1805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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** **3/27/98 (617) 619-1320**

CR2E034 (10/97)