FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-19-96 10:40

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

B-4038-ME

DOCUMENT # 650439 (3)

1. Corporation Name

EDUCATIONAL CLEARINGHOUSE, INC.

Principal Place of Business	Mailing Address
4721 CAPITAL CIR. SW PO BOX 3951 TALLAHASSEE FL 32315-0951	4721 CAPITAL CIR. SW PO BOX 3951 TALLAHASSEE FL 32315-0951

3. Date Incorporated or Qualified: 01/08/1980

3a. Date of Last Report: 05/23/1995

4. FEI Number: 59-2012522 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

SPEARS, PATRICIA F
ROUTE 3, BOX 706
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and/or 1505, 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: Patricia F. Spears 2/6/96
Name of Person Signing — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SPEARS, PATRICIA F	
STREET ADDRESS	ROUTE 3, BOX 706	
CITY-ST-ZIP	HAVANA FL	
TITLE	STD	☐ DELETE
NAME	SPEARS, M F	
STREET ADDRESS	ROUTE 2, BOX 631	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	☐ DELETE
NAME	REEVES, JOAN D	
STREET ADDRESS	RT. 3, BOX 706	
CITY-ST-ZIP	HAVANA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and that each required item has been completed. I further certify that the information indicated on this report or supplemental attachment to it 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: Patricia F. Spears 2/6/96 904-539-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #