1999

1. Corporation Name

DOCUMENT # 834552



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90088 033 ***150.00

TANDYC	RAFTS, INC.								
Principal Place	of Business	Mailing Address					DI SIDIL BIS	:: 	1011 01011 1001
1400 EVERMAN PARKWAY 1400 EVERMAN PARKWAY P.O. BOX 1869 (ZIP - 76101) P.O. BOX 1869 (ZIP - 76101) FT WORTH TX 76140 FT WORTH TX 76140						DO NOT WRITE	N THIS S	PACE	
						 Date Incorporated or Qualified 06/20/1975 			
6 D	land of Divisional	2a. Mailing Address				4. FEI Number		An	plied For
——————————————————————————————————————						75-1475224		<u> </u>	t Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	 1	\$8.75 A	Additional
22 27						0. 00 110 110 110 110 110 110 110 110 11		Fee Re	quired
City & State City & State						6. Election Campaign Financing	٦	\$5.00	
23 28			Country			Trust Fund Contribution		Added to	o Fees
Zip	— — — — — — — — — — — — — — — — — — —			ry		8. This corporation owes the current			□No
24	25 29 30					Personal Property Tax. 10. Name and Address of New Regi			140
	9. Name and Address of Currer	nt Registered Agent	8	1	Name	10. Name and Address of New Reg	stereu A	gent	
THE	PRENTICE-HALL CORPORATION	N SYSTEM INC							
1201 HAYS STREET				2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 105			8	3					
TALLAHASSEE FL 32301								T1 	
			8-	4	City	FL 85 Zip Code		Jode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo	ve-r	named corpo	pration submits this statement for the pur	pose of c	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norizea b	уπ	e corporatio	n's board of directors. I hereby accept th	e appoint	ment as reg	gistered
SIGNATURE	m lamiliai widi, and accept the congr	ations of, Cooker our loos, Florid							
SIGNATORE	Signature, typed or printed name of registered age			ent s	signature required	when reinstating)	DATE	DIDECTO	DO 11 40
12.		ND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition
TITLE	V			1.1 TITLE				[] Orlange	
NAME	inicon, also o			1.2 NAME					1
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP				Change	Addition
TITLE	-		B	2.1 TITLE				Ondrige	
NAME	00110110, 111		B	2.2 NAME					
STREET ADDRESS	2,20 00222,1011			2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY		ZIP			Change	Addition
TITLE			3.1 TITLE						
NAME	THE COLOR WILL CO.		3.2 NAME		PODECC				
STREET ADDRESS			3.3 STRE						
CITY-ST-ZIP			3.4. CITY 4.1 TITLE		ZIP			Change	Addition
TITLE	ALLEN, JAMES D	LI VELLILE	4.1 IIICE					~	_
NAME	1400 EVERMAN PKWY.		4.2 NAME		DDDESS				
STREET ADDRESS			4.4 CITY						
CITY-ST-ZIP TITLE	VS			_	41F			Change	Addition
NAME	PRICE, RUSSELL L		5.1 HILE 5.2 NAME						
STREET ADDRESS	FRICE, NOSCELL C			5.3 STREET ADDRESS					
t I				5.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	DELETE 6.11					···		Change	Addition
NAME			6.2 NAME	E					
STREET ADDRESS			6.3 STRE	ETA	DDRESS				

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 one an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP