2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9300000734 Apr 21, 2000 8:00 am Secretary of State GOLDEN BOOKS PUBLISHING COMPANY, INC. 04-21-2000 90135 042 ***150.00 Principal Place of Business Mailing Address 10101 SCIENCE DRIVE 10101 SCIENCE DRIVE **STUARTEVANT WI 53177-1757** STUARTEVANT WI 53177 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 39-0975399 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete GALANES, PHILIP NAME NAME 888 7TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10106-4100 ☐ Change Addition ☐ Delete TITLE TITLE SNYDER, RICHARD E. NAME NAME STREET ADORESS STREET ADDRESS 888 7TH AVENUE CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10106-4100 VPCO** ☐ Addition ☐ Delete TITLE Change NAME FINKELSTEIN, COLIN NAME STREET ADDRESS STREET ADDRESS 888 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10106-4100** ☐ Addition Delete TITLE ☐ Change COLLINS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 888 7TH AVENUE CITY-ST-ZIP CITY-ST-ZiP **NEW YORK NY 10106-4100** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOESTER, MICHAEL NAME NAME STREET ADDRESS 10101 SCIENCE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE STUARTEVANT WI 53177 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS City-St-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/12

Daytime Phone #