2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F9300000734 1. Entity Name GOLDEN BOOKS PUBLISHING COMPANY, INC. 23-2001 90162 021 ***150 00 Principal Place of Business Mailing Address 10101 SCIENCE DRIVE 10101 SCIENCE DRIVE STUARTEVANT WI 53177 STUARTEVANT WI 53177 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 39-0975399 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME GALANES, PHILIP NAME STREET ADDRESS 888 7TH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10106-4100** CITY-ST-7IP CDP TITLE ☐ Delete TITLE Change ☐ Addition SNYDER, RICHARD E. NAME NAME STREET ADDRESS 888 7TH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10106-4100** CITY-ST-ZIP VPC0 TITLE TITLE ☐ Delete ☐ Change ☐ Addition FINKELSTEIN. COLIN NAME NAME STREET ADDRESS 888 7TH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10106-4100** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition COLLINS, RICHARD NAME NAME STREET ADDRESS 888 7TH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10106-4100 CITY-ST-7IP TITLE ☐ Delete TITLE Change Change Addition KOESTER, MICHAEL NAME NAME STREET ADDRESS 10101 SCIENCE DRIVE STREET ADDRESS CITY-ST-ZIP STUARTEVANT WI 53177 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME

I hereby certify that the information supplied with this filling 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-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #