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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004212

1. Corporation Name

WORLD OF SCIENCE, INC.

Principal	Place	of	Business

Mailing Address

900 JEFFERSON ROAD, BLDG, 4 **ROCHESTER NY 14623**

900 JEFFERSON ROAD, BLDG. 4 **ROCHESTER NY 14623**

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

05-10-1999 90041 036 ***150.00



DO NOT WRITE IN THIS SPACE

					 Date Incorporated or Qualifed 09/15/1993 				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Apr	olied For			
———					16-0963838	Not Applicable			
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	dditional			
22 27				5. Certifcate of Status Desired	Fee Rec				
City & State City & State				6. Election Campaign Financing	\$5.00 N	May Be			
23 28				Trust Fund Contribution	Added to	, ,			
Zip	Country Zip Country			8. This corporation owes the current year Inta	ingible				
24	25	29 30			Personal Property Tax.	☐ Yes	⊠N o		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				Name			1		
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET			82	Street Ad	duress (P.O. Box Number is Not Acceptable)		ĺ		
SUITE 105			83	3					
TALLAHASSEE FL 32301									
			84	City	FL	85 Zîp Ci	ode		
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.									
-	m ramiliai with, and accept the obligation	0113 01, Decubit 007.0000, Flo	inda Otaldici	.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age	nt signature requ	uired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTOR			
TITLE	CTD	☐ DELETE	1.1 TITLE		Asst. Secretary	☐ Change	Addition		
NAME	KLAUCKE, FRED H		1.2 NAME		Eliason Russell E.				
STREET ADDRESS	OCCUPENDON DE BUDO 4		1.3 STREE	TADDRESS	900 Jefferson Rd - Bidg	+			
CITY-ST-ZIP	ROCHESTER NY		1.4 CITY-5		Rochester NY 14623				
TITLE	DS	☐ DELETE	2.1 TITLE	4	Vice President - Operations	_ Change	★ Addition		
NAME	CALLEN, RICHARD B 22			د ا	Luchi Christine M.				
STREET ADDRESS	ACCULANCE DONE DO			T ADDRESS	400 Jefferson Rd Bldg 4	←	į		
CITY-ST-ZIP	COOLEGED AND ALCOHOL		2.4 CfTY-		Rachester NY 1+623				
TITLE	AS Vica Prasident - F	inance DELETE	3.1 TITLE			Change	Addition		
NAME	CALLAHAN, CHARLES A.		3.2 NAME		Fulford, Patrick J.				
STREET ADDRESS	900 JEFFERSON ROAD, BLDG	4	3.3 STREE	ET ADDRESS	35 Aickwick Arive		Ì		
CITY-ST-ZIP	ROCHESTER NY		3.4. CITY-	ST-ZIP	Rochester NY 14-618				
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition		
NAME	JAMES, THOMAS A.		4. 2 NAME	:					
STREET ADDRESS	880 CARILLON PARKWAY		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		4,4 CITY-5	1					
TITLE	D	DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME	DELLA PENTA, DAVID	2	5.2 NAME						
STREET ADDRESS	2500 EAST AVE APT 8D		5.3 STREE	T ADDRESS					
CITY-ST-ZIP	ROCHESTER NY 14610		5.4 CITY-5	ST-ZIP					
OH I GITZIF				í					

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

☐ Addition