2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000004212 May 15, 2000 8:00 am Secretary of State WORLD OF SCIENCE, INC. 05-15-2000 90244 019 ***150.00 Mailing Address Principal Place of Business 900 JEFFERSON ROAD, BLDG, 4 900 JEFFERSON ROAD, BLDG. 4 **ROCHESTER NY 14623 ROCHESTER NY 14623-3221** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 16-0963838 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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. (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 11. · OFFICERS AND DIRECTORS 12. Director ☐ Delete TITLE ☐ Change ★ Addition TITLE Fulford , Patrick J. NAME NAME KLAUCKE, FRED H 35 Aichwick Arive STREET ADDRESS STREET ADDRESS 900 JEFFERSON RD., BLDG. 4 CITY-ST-ZIP CITY-ST-ZIP Rochester NY 14618 **ROCHESTER NY** ☐ Addition TITLE Delete TITLE ☐ Chance CALLEN, RICHARD B NAME STREET ADDRESS STREET ADDRESS 1081 LONG POND RD. CITY-ST-ZIP CITY-ST-ZIP **ROCHESTER NY 14626** ☐ Delete ☐ Change ☐ Addition TITLE NAME CALLAHAN, CHARLES A. NAME STREET ADDRESS STREET ADDRESS 900 JEFFERSON ROAD, BLDG 4 CITY-ST-ZIP CITY-ST-ZIP ROCHESTER NY TITI F Delete TITLE ☐ Change ☐ Addition NAME JAMES, THOMAS A. STREET ADDRESS STREET ADDRESS 880 CARILLON PARKWAY CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL AS Delete TITLE Change ☐ Addition TITLE NAME ELIASON, RUSSELL M NAME STREET ADDRESS STREET ADDRESS 900 JEFFERSON RD BLDG 4 CITY-ST-ZIP CITY-ST-7IP **ROCHESTER NY 14623** ☐ Delete TITLE ☐ Change ☐ Addition TITLE LUCHI, CHRISTINE M NAME NAME STREET ADDRESS STREET ADDRESS 900 JEFFERSON RD BLDG 4 CITY-ST-ZIP CITY-ST-ZIP **ROCHESTER NY 14623** 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.

harles A. Calluhau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR