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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004574 (0)**

1. Corporation Name
LEARNING SKILLS, INCORPORATED

Principal Place of Business	Mailing Address
10915 BONITA BCH RD. SUITE 2144 BONITA SPRINGS FL 33923 US	10915 BONITA BCH. RD. SUITE 2144 BONITA SPRINGS FL 33923 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 03-0219176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRIGHAM, PETER B
26340 HICKORY BLVD., APT. 401
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	BRIGHAM, PETER B	1.2 NAME	
STREET ADDRESS	26340 HICKORY BLVD., APT. 401	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	FLEISCHNER, LEWIS	2.2 NAME	
STREET ADDRESS	89 S. EAST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST MA 01002	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	BELLA, J. KIM	3.2 NAME	J. Kim Bella no longer with Learning
STREET ADDRESS	601 S. MILLER AVE.	3.3 STREET ADDRESS	Skills, Inc.
CITY-ST-ZIP	LAFAYETTE CO 80026	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, NANCY	4.2 NAME	Nancy Brown no longer with Learning
STREET ADDRESS	2740 FOUNTAIN VIEW CIRCLE, APT. 101	4.3 STREET ADDRESS	Skills, Inc.
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	KINGSTON, PATRICIA	5.2 NAME	Secretary/Treasurer Patricia Kingston
STREET ADDRESS	86 PARSONS ST.	5.3 STREET ADDRESS	86 Parsons Street
CITY-ST-ZIP	NORTHAMPTON MA 01060	5.4 CITY-ST-ZIP	Northampton, MA 01060
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Vice President Hillary Brigham
STREET ADDRESS		6.3 STREET ADDRESS	1411 Collins Avenue, Apt. 3B
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami Beach, Florida 33139

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Peter B. Brigham Pres. 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0934226 CP