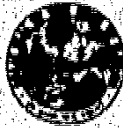


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 12:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F93000004574 (0)

1. Corporation Name

LEARNING SKILLS, INCORPORATED

DO NOT WRITE IN THIS SPACE.

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

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

9. Name and Address of Current Registered Agent

**BRIGHAM, PETER B
28340 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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	28340 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
STREET ADDRESS	86 PARSONS ST.	5.3 STREET ADDRESS	Patricia Kingston
CITY-ST-ZIP	NORTHAMPTON MA 01060	5.4 CITY-ST-ZIP	86 Parsons Street
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Vice President
STREET ADDRESS		6.3 STREET ADDRESS	Hillary Brigham
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1411 Collins Avenue, Apt. 3B
			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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter B. Brigham, Pres.

4/11/95

DATE/TIME FILED