

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90089 041 \*\*\*150.00

DOCUMENT # F93000004867

1. Corporation Name

COMPUTER CURRICULUM CORPORATION

Principal Place of Business

1287 LAWRENCE STATION RD  
SYNNYVALE CA 94089  
US

Mailing Address

C/O PHILIPPE P. DAUMAN  
1515 BROADWAY  
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

94-1654912

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 C/O Cowan & Associates

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNE, RONALD F	
STREET ADDRESS	1287 LAWRENCE STATION ROAD	
CITY-ST-ZIP	SUNNYVALE CA 90489	
TITLE	SVCF	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GEORGE S JR	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	EVSD	<input checked="" type="checkbox"/> DELETE
NAME	DAUMAN, PHILIPPE P	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	STACK, ILENE W	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMOMB, JONATHAN	
STREET ADDRESS	1230 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Exec. V.P. & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John LaVacca	
1.3 STREET ADDRESS	One Lake Street	
1.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458	
2.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Arieh M. Flamenbaum	
2.3 STREET ADDRESS	180 N. LaSalle St., Ste. 1922	
2.4 CITY-ST-ZIP	Chicago, IL 60601	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peter Jovanovich	
3.3 STREET ADDRESS	One Lake Street	
3.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John LaVacca	
4.3 STREET ADDRESS	One Lake Street	
4.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert L. Dancy	
5.3 STREET ADDRESS	One Lake Street	
5.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*John LaVacca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/99

Daytime Phone #

312-236-1121

CR2E034 (1/98)