FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001582 (5)

1. Corporation Name
IDEAL LEARNING, INC.

Principal Place of Business	Mailing Address
8505 FREEPORT PARKWAY IRVING TX 75063	8505 FREEPORT PARKWAY IRVING TX 75063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:

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: 75-2168894 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 _____ 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	P	1.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	HARMEL, PAUL	1.2 NAME	GARY D. VOLDING
STREET ADDRESS	1075 HESSE FARM ROAD	1.3 STREET ADDRESS	2141 IOLE WOOD
CITY-ST-ZIP	CHASKA MN	1.4 CITY-ST-ZIP	GRAPEVINE, TX 76051
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	TREUCHEL, ROBERT H	2.2 NAME	
STREET ADDRESS	8611 CHALET ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ERICKSON, RICHARD H	3.2 NAME	
STREET ADDRESS	4901 ROLLING GREEN PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NERNESS, ELROY C	4.2 NAME	
STREET ADDRESS	1136 HOLLYBROOK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REID, JOHN L	5.2 NAME	
STREET ADDRESS	6804 TALAMORE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	YORKTOWN IN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HASSEL, RICHARD A	6.2 NAME	
STREET ADDRESS	870 HUNT FARM ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG LAKE MN	6.4 CITY-ST-ZIP	

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)(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: Gary D. Volding 1-18-95 (214)929-4201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0473070 FP