FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000001648 (4)**

1. Corporation Name
LCC HOLDING COMPANY

Principal Place of Business	Mailing Address
10 W. SECOND ST. COURTHOUSE PLAZA. N.E. DAYTON OH 45463	10 W. SECOND ST. COURTHOUSE PLAZA. N.E. DAYTON OH 45463

3. Date Incorporated or Qualified: **03/31/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Reed Elsevier Inc.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 275 WASHINGTON ST
City & State 23	City & State 28 NEWTON, MA.
Zip 24 / Country 25	Zip 29 02458 / Country 30

4. FEI Number: **31-1401551** ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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's signature required for filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1 1 TITLE	PD	☒ Change ☐ Addition
NAME	BRUGGINK, HERMAN		1 2 NAME	Ira T. Siegel	
STREET ADDRESS	301 GIBRALTAR DR.		1 3 STREET ADDRESS	16766 Knightsbridge Lane	
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		1 4 CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	SD	☒ DELETE	2 1 TITLE	SD	☒ Change ☐ Addition
NAME	HORBACZEWSKI, HENRY Z		2 2 NAME	Louis J. Andreozzi	
STREET ADDRESS	275 WASHINGTON ST.		2 3 STREET ADDRESS	3 Hunting Meadow Court	
CITY-ST-ZIP	NEWTON MA 02158		2 4 CITY-ST-ZIP	Rockaway Twp, NJ 07866	
TITLE	T	☒ DELETE	3 1 TITLE	T	☒ Change ☐ Addition
NAME	BETTES, RICHARD S III		3 2 NAME	Vera Lang	
STREET ADDRESS	275 WASHINGTON STR.		3 3 STREET ADDRESS	160 Windsor Way	
CITY-ST-ZIP	NEWTON MA 02158		3 4 CITY-ST-ZIP	Berkeley Heights, NJ 07922	
TITLE	ATAS	☐ DELETE	4 1 TITLE	200001800202	☐ Change ☐ Addition
NAME	FONTAINE, CHARLES P		4 2 NAME	-04/29/96--01136--019	
STREET ADDRESS	275 WASHINGTON ST.		4 3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	NEWTON MA 02158		4 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5 1 TITLE	VPD	☒ Change ☐ Addition
NAME	VAN VOLLENHOVEN, LOUIS		5 2 NAME	Paul Brown.	
STREET ADDRESS	275 WASHINGTON ST.		5 3 STREET ADDRESS	118 Spika Drive	
CITY-ST-ZIP	NEWTON MA 02158		5 4 CITY-ST-ZIP	Oakwood, OH 45419	
TITLE	AS	☒ DELETE	6 1 TITLE	D	☐ Change ☒ Addition
NAME	WOLF, S S		6 2 NAME	Nigel J. Stapleton	
STREET ADDRESS	9443 SPRINGBORO PIKE		6 3 STREET ADDRESS	6 Chesterfield Gardens	
CITY-ST-ZIP	MIAMISBURG OH 45342		6 4 CITY-ST-ZIP	London, W1A1EJ	

CR2E034 (12/95)

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: Charles P. Fontaine Charles P. Fontaine 4/23/96 617-558-4924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Assistant Treasurer / Assistant Secretary