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

APPROVED AND FILED

95 APR 18 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001850 (6)**

1. Corporation Name

TEACHSMART STORES, INC.

Principal Place of Business	Mailing Address
4001 AIRPORT FREEWAY SUITE 550 BEDFORD TX 76021	4001 AIRPORT FREEWAY SUITE 550 BEDFORD TX 76021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

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

4. FEI Number: 75-2503362 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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's signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	BERK, JAMES E	12 NAME	Richard Doppelt	
STREET ADDRESS	4001 AIRPORT FREEWAY	13 STREET ADDRESS	3075 Sanders Rd.	
CITY-ST-ZIP	BEDFORD TX 76021	14 CITY ST ZIP	Northbrook, IL 60062	
TITLE	VST	21 TITLE		☐ Change ☐ Addition
NAME	NUGENT, THOMAS D	22 NAME		
STREET ADDRESS	4001 AIRPORT FREEWAY	23 STREET ADDRESS		
CITY-ST-ZIP	BEDFORD TX 76021	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MACHENS, G. MICHAEL	32 NAME		
STREET ADDRESS	5080 SPECTRUM DR.	33 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75248	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, DONALD J	42 NAME		
STREET ADDRESS	5080 SPECTRUM DR.	43 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75248	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BOYLAN, PETER C III	52 NAME	Boylan, Peter C III	
STREET ADDRESS	2501 MCGEE	53 STREET ADDRESS	2501 McGee	
CITY-ST-ZIP	KANSAS CITY MO 64141-6580	54 CITY ST ZIP	Kansas City MO 64141-6580	
TITLE	D	61 TITLE	(Delete - No Longer Director)	Change ☐ Addition
NAME	BLOCK, MICHAEL	62 NAME		
STREET ADDRESS	400 SKOKIE BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL 60062	64 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and is current 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: T. A. Nugent — 4-6-95 — 817-354-6960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480000 FP