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 # **F94000003563 (3)**

1. Corporation Name

LEARNINGSMITH, INC.

Principal Place of Business	Mailing Address
10 FAWCETT ST. 2ND FLOOR CAMBRIDGE MA 02138	10 FAWCETT ST. 2ND FLOOR CAMBRIDGE MA 02138

3. Date Incorporated or Qualified: 07/07/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 04-3122223	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #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 _____ 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	D	☐ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	DENNY, GEORGE III		1.2 NAME	Janet Emerson	
STREET ADDRESS	226 DUDLEY ST.		1.3 STREET ADDRESS	56 Cutters Ridge	
CITY-ST-ZIP	BROOKLINE MA		1.4 CITY-ST-ZIP	Carlisle, MA 01741	
TITLE	T	☐ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	BUCKLEY, DENNIS J		2.2 NAME	Thomas Johnston	
STREET ADDRESS	29 DALEY CIRCLE		2.3 STREET ADDRESS	1683 34th Street N.W.	
CITY-ST-ZIP	MARLBOROUGH MA 01752		2.4 CITY-ST-ZIP	Washington D.C. 20007	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	GRIFFITHS, ANDREW		3.2 NAME	Robert Higgins	
STREET ADDRESS	452 HURON AVE.		3.3 STREET ADDRESS	6 Sage Estate	
CITY-ST-ZIP	CAMBRIDGE MA 02138		3.4 CITY-ST-ZIP	Manands, NY 12204	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	DREXLER, MICKEY		4.2 NAME	Robert Marakovitz	
STREET ADDRESS	3277 PACIFIC AVE		4.3 STREET ADDRESS	400 E. 71st Street	
CITY-ST-ZIP	SAN FRANSISCO CA		4.4 CITY-ST-ZIP	New York, NY 10021	
TITLE	PD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALCIDISE, KATHLEEN M.		5.2 NAME		
STREET ADDRESS	36 GARDEN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALPERN, JOHN		6.2 NAME		
STREET ADDRESS	321 HEATH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA 02167		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: _____ 3/28/96 617-497-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)