

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
10 FAWCETT ST.  
2ND FLOOR  
CAMBRIDGE MA 02138

Mailing Address  
10 FAWCETT ST.  
2ND FLOOR  
CAMBRIDGE MA 02138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 32 THIRD AVENUE

2a. Mailing Address  
26 32 Third Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 BURLINGTON MA

City & State  
28 Burlington, MA

Zip Country  
24 01803 25

Zip Country  
29 01803 30

3. Date Incorporated or Qualified 07/07/1994  
3a. Date of Last Report 04/17/1996

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS   | CITY-ST-ZIP            | DELETE                              |
|-------|-------------------|------------------|------------------------|-------------------------------------|
| D     | DENNY, GEORGE III | 228 DUDLEY ST.   | BROOKLINE MA           | <input type="checkbox"/>            |
| T     | BUCKLEY, DENNIS J | 29 DALEY CIRCLE  | MARLBOROUGH MA 01752   | <input type="checkbox"/>            |
| D     | GRIFFITHS, ANDREW | 452 HURON AVE.   | CAMBRIDGE MA 02138     | <input checked="" type="checkbox"/> |
| D     | DREXLER, MICKEY   | 3277 PACIFIC AVE | SAN FRANCISCO CA       | <input type="checkbox"/>            |
| P     | EMERSON, JANET    | 58 CUTTERS RIDGE | CARLISLE MA            | <input type="checkbox"/>            |
| D     | HALPERN, JOHN     | 321 HEATH ST.    | CHESTNUT HILL MA 02167 | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

| 1.1 TITLE | 1.2 NAME       | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP       | Change                   | Addition                            |
|-----------|----------------|--------------------|-----------------------|--------------------------|-------------------------------------|
| Director  | FRANK GLAZON   | 60 WALL ST         | NEW YORK, NY 10060-00 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Director  | Jerome Chazler | 767 5TH AVE        | NEW YORK, NY 10153    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |
|           |                |                    |                       | <input type="checkbox"/> | <input type="checkbox"/>            |

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)