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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003563 (3)

LEARNINGSMITH, INC.

FILED Apr 22 1998 8:00am Secretary of State



| Principal Place of Business | | Mailing Address | Mailing Address | | | | · |
|---|--|---|--|------------------|--|---|---------------------|
| 32 THIRD AVENUE BURLINGTON MA 01803 | | 32 THIRD AVENUE BURLINGTON MA 01803 | | | | | |
| 5011211107011 | | 5575 | DONE HOLD TO HELD OF THE PERSON OF THE PERSO | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | 07/07/1994 | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | 04-3122223 | - | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | \$ | | | \$8 | .75 Additional |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired | | ee Required |
| City & State | | the state of the second second | City & State | | 6. Election Campaign Financing | | 5.00 May Be |
| 23 | | 28 | 8 | | Trust Fund Contribution | _ , , , , , , , , , , , , , , , , , , , | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | 30 | | 1 | | |
| 57 | 9. Name and Address of Curren | | 1001 | | 10. Name and Address of New Registered Agent | | |
| TUI | | | 81 | Name | | | |
| | E PRENTICE HALL CORPORATION | UN STOTEM, INC. | | | | | |
| |)1 HAYS ST., #105 | | 82 Street Add | | ddress (P.O. Box Number is Not Acceptable) | | |
| IAI | LAHASSEE FL 32301 | | 83 | | | | |
| | | | 63 | - | | | |
| | | | 84 | City | | 85 | Zip Code |
| | | | | | <u>FL</u> | • | |
| 11. Pursuant t | o the provisions of Sections 607.050 | l2 and 607-1508, Florida S tatu . of Florida, Such chango was | utes, the above | e-named co | orporation submits this statement for the purpose or | of chang | ging 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 age | | TE: Registered Age | ent signature re | quired when reinstating) DATE | | |
| 12. | OFFICERS AN | | 13. | ···· | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | D | DELETE | 1.1 TITLE | 1 | | ∐ Ch | ange L Addition |
| NAME | DENNY, GEORGE III | | 1.2 NAME | 1 | | | 1: |
| STREET ADDRESS | 226 DUDLEY ST. | | , 1.3 STREET ADDRESS | | | | į. |
| CITY-ST-ZIP | BROOKLINE MA | | 1.4 CITY - S | ST - ZIP | | | |
| TITLE | Y | DELETE | 2.1 TITLE | | | Ch | ange |
| NAME | BUCKLEY, DENNIS J | | 2.2 NAME | | | | |
| STREET ADDRESS | 29 DALEY CIRCLE | | 23 STREET | ADDRESS | | | |
| CITY-ST-ZIP | MARLBOROUGH MA 01752 | | 2. 4 CHY- | ST-ZIP | | |] |
| TITLE | 0 | DELETE | 3.1 TITLE | " | | L_ Ch | ange Addition |
| NAME | GLEASON, PETE | | 3.2 NAME |] | | | |
| STREET ADDRESS | 60 WALL STREET | | 3.3 STREFT | ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10260 | | 3.4. CITY- | - 1 | | | İ |
| TITLE | n | DELETE | 41 TITLE | 51.51 | | Ch | ange Addition |
| NAME | DREXLER, MICKEY | | 4. 2 NAME | ļ | | | |
| | 3277 PACIFIC AVE | | | ADDOLES | | |] |
| STREET ADDRESS | SAN FRANSISCO CA | | 4.3 STREET | - 1 | | | |
| CITY-ST-ZIP | B TRANSISCU CA | DELETE | 4.4 CITY - S | 51 - Z(P | | Ch | ange Addition |
| TITLE | EMEDOON MANET | C) octals | 5 1 THLE | | | Last Cit | ange LJ Audillon |
| NAME | EMERSON, JANET | | 5.2 NAME | - | | | 1 |
| STREET ADDRESS | 56 CUTTERS RIDGE | | 53 STREET | ADDRESS | | | 1 |
| CITY-ST-ZIP | CARLISLE MA | · · · · · · · · · · · · · · · · · · · | 5.4 CHY-S | 31 - ZIP | | | |
| TITLE | D | ☐ D£LETE | 61 TITLE | | | ☐ Ch | ange 🔲 Addition |
| NAME | HALPERN, JOHN | | 6.2 NAME | | | | - |
| STREET ADDRESS | 321 HEATH ST. | | 63 STREET | ADDRESS | | | vellere |
| CITY-ST-ZIP | CHESTNUT HILL MA 02167 | | 64 CITY-S | ST-ZIP | | | į |
| | | | | | | | |

14. I 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 of supplied states and that my signalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the relative or trusted 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, order an appears with an additional states.