

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000295 (4)

1. Corporation Name

LAUBACH LITERACY INTERNATIONAL INCORPORATED

Principal Place of Business

1320 JAMESVILLE AVE., BOX 131
SYRACUSE NY 13210-0131

Mailing Address

1320 JAMESVILLE AVE., BOX 131
SYRACUSE NY 13210-0131



3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

52-0743365

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME MATHEWS, J. SCOTT
STREET ADDRESS SUITE 900, 1133 - 21ST ST. NW
CITY-STATE-ZIP WASHINGTON DC 20036

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change

Addition

TITLE C
NAME SHAW, JULIA P
STREET ADDRESS 447 E. LAKE SAMMAMISH PKWY. SE
CITY-STATE-ZIP REDMOND WA 98053

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change

Addition

TITLE P
NAME CASWELL, ROBERT F
STREET ADDRESS BOX 131, 1320 JAMESVILLE AVE.
CITY-STATE-ZIP SYRACUSE NY 13210

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change

Addition

TITLE S
NAME LAICO, ANNETTE
STREET ADDRESS 122 C ST. NW, STE. 840
CITY-STATE-ZIP WASHINGTON DC 20001-2109

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change

Addition

TITLE T
NAME NAPLES, ALLEN J
STREET ADDRESS 360 S. WARREN ST.
CITY-STATE-ZIP SYRACUSE NY 13201

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change

Addition

TITLE D
NAME BURCH, KATHLEEN M
STREET ADDRESS 2777 SUMMER ST.
CITY-STATE-ZIP STAMFORD CT 06905

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change

Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald Weber DONALD WEBER CFO 3/27/96 (35) 402 9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)