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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 13210-4224**



3. Date Incorporated or Qualified  
**01/19/1995**

3a. Date of Last Report  
**04/03/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number

**52-0743365**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

TITLE **C** ☒ DELETE

NAME **MATHEWS, J. SCOTT**  
STREET ADDRESS **SUITE 800, 1133 - 21ST ST. NW**  
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE **CHAIR (TRUSTEE)** ☐ DELETE

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

TITLE **PRESIDENT / CEO (TRUSTEE)** ☐ DELETE

NAME **CASWELL, ROBERT F**  
STREET ADDRESS **BOX 131, 1320 JAMESVILLE AVE.**  
CITY-ST-ZIP **SYRACUSE NY 13210**

TITLE **S** ☒ DELETE

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

TITLE **T** ☒ DELETE

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

TITLE **D** ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE CHAIR (TRUSTEE)** ☐ Change ☒ Addition

1.2 NAME **ELIZABETH LOUISE GAYLORD**  
1.3 STREET ADDRESS **823 BRUN RIDGE DR.**  
1.4 CITY-ST-ZIP **HOUSTON TX 77057**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **1320 Jamesville Avenue**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **SECRETARY (TRUSTEE)** ☐ Change ☒ Addition

4.2 NAME **EUGENE E. LAUBACH**  
4.3 STREET ADDRESS **507 FOULKEWAYS**  
4.4 CITY-ST-ZIP **Gwynedd, PA. 19436**

5.1 TITLE **TREASURER POSITION** ☐ Change ☐ Addition

5.2 NAME **VACANT AT THIS TIME**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **TRUSTEE** ☐ Change ☒ Addition

6.2 NAME **Alton Greenfield**  
6.3 STREET ADDRESS **616 Lund Avenue NE**  
6.4 CITY-ST-ZIP **Spring Lake Park, MN 55432-1103**

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

CR2E037 (9/96)