

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90051 004 \*\*\*\*61.25

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DOCUMENT # F95000000295

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/19/1995

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

Trust Fund Contribution

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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	VCT	<input type="checkbox"/> DELETE
NAME	GAYLORD, ELIZABETH LOUI	
STREET ADDRESS	823 BRIAR RIDGE DR	
CITY-ST-ZIP	HOUSTON TX	
TITLE	CTR	<input type="checkbox"/> DELETE
NAME	NOEL, THOMAS E III	
STREET ADDRESS	1903 KIRBY DRIVE	
CITY-ST-ZIP	HOUSTON.TX.77019	
TITLE	PTA	<input type="checkbox"/> DELETE
NAME	CASWELL, ROBERT F	
STREET ADDRESS	1320 JAMESVILLE AVENUE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	DESILVA, DAVID J	
STREET ADDRESS	8044 MERRIMAL DR.	
CITY-ST-ZIP	MANLIUS NY 13104	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	DIXON, GARY	
STREET ADDRESS	294 SOUTH 850 STREET	
CITY-ST-ZIP	KAYSVILLE UT 84037	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEBER, DONALD	
STREET ADDRESS	1320 JAMESVILLE AVE	
CITY-ST-ZIP	SYRACUSE NY 13210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: X REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

422-9121

CR2E037 (11/98)