FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000004406 (3)**

1. Corporation Name

SCANTRON FPC, INC.

Principal Place of Business

PO BOX 37550
OMAHA NE 68137

Mailing Address

PO BOX 37550
OMAHA NE 68137

3. Date Incorporated or Qualified: **09/12/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21 SAME AS ABOVE
Street Address, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 P.O. BOX 105250
Street Address, Apt. #, etc.
27
City & State
28 ATLANTA, GA
Zip 29 30348 | County 30 U.S.A.

4. FEI Number: **58-2127638** ☐ 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

C T 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 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. The 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	C	☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	WOODSON, ROBERT R		1 NAME	
1 STREET ADDRESS	2939 MILLER RD.		1 STREET ADDRESS	
1 CITY ST ZIP	DECATUR GA 30035		1 CITY ST ZIP	
2 TITLE	DP	☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME	HOAG, THOMAS R		2 NAME	
2 STREET ADDRESS	1361 VALENCIA AVE.		2 STREET ADDRESS	
2 CITY ST ZIP	TUSTIN CA 92680		2 CITY ST ZIP	
3 TITLE	DT	☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME	DOLLAR, WILLIAM M		3 NAME	
3 STREET ADDRESS	2939 MILLER ROAD		3 STREET ADDRESS	
3 CITY ST ZIP	DECATUR GA 30035		3 CITY ST ZIP	
4 TITLE	S	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME	WEYAND, VICTORIA P		4 NAME	
4 STREET ADDRESS	2939 MILLER ROAD		4 STREET ADDRESS	
4 CITY ST ZIP	DECATUR GA 30035		4 CITY ST ZIP	
5 TITLE	VAS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME	CROCKER, DERWOOD R		5 NAME	
5 STREET ADDRESS	1361 VALENCIA AVE.		5 STREET ADDRESS	
5 CITY ST ZIP	TUSTIN CA 92680		5 CITY ST ZIP	
6 TITLE	VAS	☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME	FUCHS, PHILIP T		6 NAME	
6 STREET ADDRESS	2020 SOUTH 156TH CIRCLE		6 STREET ADDRESS	
6 CITY ST ZIP	OMAHA NE 68130		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added, or deleted, with an address.

SIGNATURE: [signature] Treasurer 2-26-96 770-981-9460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone

CR2E034 (12/95)