

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005508 (5)**

1. Corporation Name:

LEAPFROG TECHNOLOGIES, INC.

Principal Place of Business

**1731 N. ELM STREET
SUITE 100
COMMERCE GA 30529**

Mailing Address

**1731 N. ELM STREET
SUITE 100
COMMERCE GA 30529**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

58-2195993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1551 Jennings Mill Rd.**

26 **1551 Jennings Mill Rd.**

Suite, Apt #, etc.

Suite, Apt #, etc.

22 **Suite 700B**

27 **Suite 700B**

City & State

City & State

23 **Bogart, GA**

28 **Bogart, GA**

Zip

Zip

Country

Country

24 **30622**

25 **USA**

29 **30622**

30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	RACKLEY, BRADY L	
STREET ADDRESS	1731 N. ELM STREET #100	
CITY-ST-ZIP	COMMERCE GA 30529	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MORELAND, JOHN	
STREET ADDRESS	1731 N. ELM STREET #100	
CITY-ST-ZIP	COMMERCE GA 30529	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rackley, Brady L.	
1.3 STREET ADDRESS	1551 Jennings Mill Rd., Suite 700B	
1.4 CITY-ST-ZIP	Bogart, GA 30622	

2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Moreland, John	
2.3 STREET ADDRESS	1551 Jennings Mill Rd., Suite 700B	
2.4 CITY-ST-ZIP	Bogart, GA 30622	

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

SIGNATURE:

John M. Moreland John M. Moreland

2/20/98 (706) 369-8288

CR2E034 (10/97)