

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90010 027 \*\*\*150.00

DOCUMENT # F95000005508

1. Corporation Name

LEAPFROG TECHNOLOGIES, INC.



Principal Place of Business

1551 JENNINGS MILL RD  
STE 700B  
BOGART GA 30622  
US

Mailing Address

1551 JENNINGS MILLS RD  
700B  
BOGART GA 30622  
US

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

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1551 Jennings Mill Rd.  
Suite, Apt. #, etc.

22 Ste. 700B

City & State

23 Bogart, GA 30622

Zip

Country

24 25 USA

2a. Mailing Address

26 P.O. Box 2205  
Suite, Apt. #, etc.

27

City & State

28 Norcross, GA 30091-2205

Zip

Country

29 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  
NAME RACKLEY, BRADY L  
STREET ADDRESS 1551 JENNINGS MILL RD STE 700B  
CITY-ST-ZIP BOGART GA 30622

☐ DELETE

TITLE V  
NAME MORELAND, JOHN  
STREET ADDRESS 1551 JENNINGS MILL RD STE 700B  
CITY-ST-ZIP BOGART GA 30622

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO  
1.2 NAME Rackley, Brady L.  
1.3 STREET ADDRESS P.O. Box 2205  
1.4 CITY-ST-ZIP Norcross, GA 30091-2205

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999 (800) 393-7007 X225

Date

Daytime Phone #

CR2E034 (11/98)