

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90014 035 \*\*\*150.00

~~1998~~ 1999

DOCUMENT # **F97000002829 (6) ✓OK**

1. Corporation Name

**VOYAGER EXPANDED LEARNING, INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/30/1997**

4. FEI Number

**75-2534510**

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

Principal Place of Business

Mailing Address

**ROSS AVE STE 3800  
TX 75201**

**2200 ROSS AVE STE 3800  
DALLAS TX 75201**

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CP  
**BEST, RANDY**  
2200 ROSS AVE STE 3800  
DALLAS TX 75201

☐ DELETE

1.1 TITLE

**Chief Financial Officer** ☐ Change ☒ Addition

1.2 NAME

**Thomas B. Evans**

1.3 STREET ADDRESS

**2200 Ross Avenue, Suite 3800**

1.4 CITY-ST-ZIP

**Dallas, Texas 75219**

CEO  
**JOHNSON, VERNON**

☐ DELETE

2.1 TITLE

**Chief Operating Officer** ☐ Change ☒ Addition

2.2 NAME

**Carl A. Mudd**

2.3 STREET ADDRESS

**2200 Ross Avenue, Suite 3800**

2.4 CITY-ST-ZIP

**Dallas, Texas 75219**

S  
**BELL, RANDY**  
2200 ROSS AVE STE 3800  
DALLAS TX 75201

☒ DELETE

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CEO  
**WOOLERY, CHAD**  
2200 ROSS AVE STE 3800  
DALLAS TX 75201

☒ DELETE

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/30/99 (a1) 631-0990**

CR2E034 (5/98)