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

PROFIT CORPORATION ANNUAL REPORT

1998

Total Marie

STREET ADDRESS

CITY-ST-ZIP

AUSTIN TX 78765



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000006548 (8) DOCUMENT #

THE BROWN SCHOOLS, INC.

Principal Place of Business Mailing Address PO BOX 4008 PO BOX 4008 AUSTIN TX 78765 **AUSTIN TX 78765** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 74-2842483 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{(D)}$ This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PCEO** DELETE __ Change ___ Addition TITLE 1.1 TITLE HARCOURT, JOHN P JR NAME 1.2 NAME 1407 W. STASSNEY LANE STREET ADDRESS 1.3 STREET ADDRESS **AUSTIN TX 78765** CITY-ST-ZIP 1.4 City-St-ZIP **CFOV** DELETE Change Addition TITLE 2.1 TITLE HERRING, GREGORY J NAME 2.2 NAME 1407 W. STASSNEY LANE STREET ADDRESS 2.3 STREET ADDRESS **AUSTIN TX 78765** CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE STREIT, SAMUEL M NAME 3.2 NAME 1407 W. STASSNEY LANE STREET ADDRESS 3.3 STREET ADDRESS **AUSTIN TX 78765** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE CAPURSO, JOHN NAME 4. 2 NAME 1407 W. STASSNEY LANE STREET ADDRESS 4.3 STREET ADDRESS **AUSTIN TX 78765** CITY-ST-ZIP 4.4 CITY-ST-ZIP VGC DELETE Change Addition TITLE 5.1 TITLE WADDILL, GREGG C NAME 5.2 NAME 1407 W. STASSNEY LANE STREET ADDRESS 5.3 STREET ADDRESS **AUSTIN TX 78765** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change VAS DELETE TITLE 6.1 TITLE ___ Addition ZACHEM, TYLER NAME 6.2 NAME 1407 W. STASSNEY LANE

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 or an attachment with an address.

FILED

May 05 1998 8:00am

Secretary of State