

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P08611 (6)**  
 1. Corporation Name  
**LANDAUER ASSOCIATES, INC.**

Principal Place of Business <b>13760 NOEL RD. STE. 930 DALLAS TX 75240</b>	Mailing Address <b>13760 NOEL RD. STE. 930 DALLAS TX 75240</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>01/02/1986</b>	
<b>4. FEI Number</b> <b>13-2665045</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>UNITED STATES CORPORATION COMPANY</b> <b>1201 HAYS STREET, SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES C. KAFES</b>	1.2 NAME	
STREET ADDRESS	<b>666 FIFTH AVE., 25TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEN WILSON</b>	2.2 NAME	
STREET ADDRESS	<b>ONE STATE ST., 6TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	2.4 CITY-ST-ZIP	
TITLE	MD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS A. MILLNER</b>	3.2 NAME	<b>Chief Executive Officer</b>
STREET ADDRESS	<b>13760 NOEL RD., STE 930</b>	3.3 STREET ADDRESS	<b>Steven J. Kaplan</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	<b>13760 Noel Rd., Suite 930</b>
TITLE	MD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGH KELLY</b>	4.2 NAME	
STREET ADDRESS	<b>666 FIFTH AVE., 25TH FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN D. KELLEY</b>	5.2 NAME	
STREET ADDRESS	<b>13760 NOEL RD., STE 930</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	
TITLE	MD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>H. WOODWARD MCNABB</b>	6.2 NAME	<b>Chief Financial Officer</b>
STREET ADDRESS	<b>13760 NOEL RD., STE 930</b>	6.3 STREET ADDRESS	<b>Edward J. Kittleson</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	6.4 CITY-ST-ZIP	<b>13760 Noel Rd., Suite 930</b>

**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.**

SIGNATURE:  **Edward J. Kittleson** 2/12/98 (972) 866-2128

CR2E034 (10/97)