FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:40

DOCUMENT # **P17518** **(2)**

1. Corporation Name
SCANTRON CORPORATION

Principal Place of Business	Mailing Address
1361 VALENCIA AVENUE TUSTIN CA 92680	1361 VALENCIA AVENUE TUSTIN CA 92680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1987**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 95 58-2767912 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
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		
TITLE	~~SD~~	11 TITLE SR	VP - SEC/ASST	☒ Change ☐ Addition
NAME	~~LANG, T. WARD~~	12 NAME	CROWER, OGRWOOD	
STREET ADDRESS	~~D~~	13 STREET ADDRESS	1361 VALENCIA AVE	
CITY-ST-ZIP	~~DECATUR GA~~	14 CITY-ST-ZIP	TUSTIN, CA 92680	
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	WOODSON, ROBERT R.	22 NAME		
STREET ADDRESS	2939 MILLER ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	SORENSON, H C G	32 NAME		
STREET ADDRESS	1361 VALENCIA AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	TUSTIN CA	34 CITY-ST-ZIP		
TITLE	~~V~~	41 TITLE	SVP	☒ Change ☐ Addition
NAME	~~CARVER, WILLIAM N.~~	42 NAME	MOORE, LAWRENCE	
STREET ADDRESS	1361 VALENCIA AVENUE	43 STREET ADDRESS	1361 VALENCIA AVE.	
CITY-ST-ZIP	TUSTIN CA	44 CITY-ST-ZIP	TUSTIN, CA 92680	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	DOLLAR, WILLIAM M.	52 NAME		
STREET ADDRESS	2939 MILLER RD	53 STREET ADDRESS		
CITY-ST-ZIP	DECATUR GA	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	HOAG, THOMAS R.	62 NAME		
STREET ADDRESS	1361 VALENCIA AVENUE	63 STREET ADDRESS		
CITY-ST-ZIP	TUSTIN CA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 3-1-95 404-981-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #