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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P17518 (2)

1. Corporation Name
SCANTRON CORPORATION

Principal Place of Business	Mailing Address
1361 VALENCIA AVENUE TUSTIN CA 92680	P.O. BOX 105250 ATLANTA GA 30348-5250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1987

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 95-2767912 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30, ☐ 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	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AMMAN, ROBERT		1.2 NAME	
STREET ADDRESS	2939 MILLER ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30035		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOAG, THOMAS R		2.2 NAME	
STREET ADDRESS	1361 VALENCIA AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TUSTIN CA 92680		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOLLAR, WILLIAM M		3.2 NAME	
STREET ADDRESS	2939 MILLER ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30035		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEYAND, VICTORIA P		4.2 NAME	
STREET ADDRESS	2939 MILLER ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA 30035		4.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CROCKER, DERWOOD R		5.2 NAME	
STREET ADDRESS	1361 VALENCIA AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TUSTIN CA 92680		5.4 CITY-ST-ZIP	
TITLE	TVP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, LAWRENCE		6.2 NAME	
STREET ADDRESS	1361 VALENCIA AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TUSTIN CA 92680		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [illegible] REQUIRED 1/7/98 770-981-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013417