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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90170 028 ***150.00

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DOCUMENT # P17518

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 Qualifed: 12/31/1987

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 24 Country 25	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 the current year Intangible Personal Property Tax. ☐ 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	TIMOTHY C. TUFF	☒ 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	JOHN C. WALTERS	
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		

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, with all other like empowered.

SIGNATURE: _____ 4-14-99 770-593-5617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN C. WALTERS V.P.

CR2E034 (11/98)