


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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24647 (0)
1. Corporation Name
BRODERBUND SOFTWARE, INC.

Principal Place of Business 500 REDWOOD BLVD P O BOX 6121 NOVATO CA 94948-6121	Mailing Address 500 REDWOOD BLVD P O BOX 6121 NOVATO CA 94948-6121
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1989	3a. Date of Last Report 02/09/1996
21		26		4. FEI Number 94-2768218	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLSTON, DOUGLAS G.			1.2 NAME			
STREET ADDRESS	500 REDWOOD BL			1.3 STREET ADDRESS			
CITY-ST-ZIP	NOVATO CA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCKMILLER, GARY			2.2 NAME			
STREET ADDRESS	5501 NORMAN CENTER DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARCUS, THOMAS L.			3.2 NAME			
STREET ADDRESS	500 REDWOOD BL			3.3 STREET ADDRESS			
CITY-ST-ZIP	NOVATO CA			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDONAGH, WILLIAM M.			4.2 NAME			
STREET ADDRESS	500 REDWOOD BL			4.3 STREET ADDRESS			
CITY-ST-ZIP	NOVATO CA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EGAN, WILLIAM P.			5.2 NAME			
STREET ADDRESS	1 P.O. SQUARE, #3800			5.3 STREET ADDRESS			
CITY-ST-ZIP	NOVATO CA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUER, EDMUND			6.2 NAME			
STREET ADDRESS	500 REDWOOD BL			6.3 STREET ADDRESS			
CITY-ST-ZIP	SAN RAFAEL CA			6.4 CITY-ST-ZIP			

14. I do 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.

CR2E034 (9/96)

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