

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P27004 (1)

1. Corporation Name

JOSTENS LEARNING CORPORATION



Principal Place of Business

9920 PACIFIC HEIGHTS BLVD  
STE - 100  
SAN DIEGO CA 92121  
US

Mailing Address

148 E BROADWAY STR  
OWATONNA MN 55060-2402  
US

3. Date Incorporated or Qualified

11/21/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 7878 NORTH 16TH STREET

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 PHOENIX, AZ

Zip

24 85020

Country

25 US

2a. Mailing Address

26 7878 NORTH 16TH STREET

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 PHOENIX, AZ

Zip

29 85020

Country

30 US

4. FEI Number

37-0924533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD  
NAME SANDERSON, STANLEY  
STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD / STE - 100  
CITY-ST-ZIP SAN DIEGO CA

☐ DELETE

TITLE CD  
NAME BUHRMASTER, ROBERT C  
STREET ADDRESS 5501 NORMAN CENTER DR  
CITY-ST-ZIP MINNEAPOLIS MN

☐ DELETE

TITLE VP  
NAME RUSSELL, JOYCE  
STREET ADDRESS 5501 NORMAN CTR DR.  
CITY-ST-ZIP MINN. MN

☐ DELETE

TITLE VDCC  
NAME HEDGES, CURTIS  
STREET ADDRESS 5501 NORMAN CTR DR.  
CITY-ST-ZIP MINN. MN

☒ DELETE

TITLE VS  
NAME JORDAN, RODNEY W  
STREET ADDRESS 5501 NORMAN CNT. DR.  
CITY-ST-ZIP MINNEAPOLIS MN

☒ DELETE

TITLE VT  
NAME PRINCE, ROBB L.  
STREET ADDRESS 5501 NORMAN CNT. DR.  
CITY-ST-ZIP MINNEAPOLIS MN

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE D  
2.2 NAME BUHRMASTER, ROBERT C.  
2.3 STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., STE 500  
2.4 CITY-ST-ZIP SAN DIEGO, CA 92121

☒ Change ☐ Addition

3.1 TITLE T  
3.2 NAME RUSSELL, JOYCE  
3.3 STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., STE 500  
3.4 CITY-ST-ZIP SAN DIEGO, CA 92121

☒ Change ☐ Addition

4.1 TITLE S  
4.2 NAME VENABLE, STEPHEN  
4.3 STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., STE 500  
4.4 CITY-ST-ZIP SAN DIEGO, CA 92121

☐ Change ☒ Addition

5.1 TITLE D  
5.2 NAME SHAFER, DAVID H  
5.3 STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., STE 500  
5.4 CITY-ST-ZIP SAN DIEGO, CA 92121

☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME KRUPKA, MICHAEL A.  
6.3 STREET ADDRESS 9920 PACIFIC HEIGHTS BLVD., STE 500  
6.4 CITY-ST-ZIP SAN DIEGO, CA 92121

☐ Change ☒ Addition

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)(k), 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:

*Joyce Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96  
Date

Daytime Phone #

CR2E034 (12/95)