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 # **P40442** **(6)**

1. Corporation Name

STECK-VAUGHN COMPANY

Principal Place of Business

10TH FLOOR
18400 VON KARMAN AVENUE
IRVINE CA 92715

Mailing Address

8701 N. MOPAC EXPRESSWAY
SUITE 200
AUSTIN TX 78759-8364
US

2. Principal Place of Business	2a. Mailing Address
21 8701 N. MoPac Expressway	26 18400 Von Karman Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27 10th Floor
City & State	City & State
23 Austin, Texas	28 Irvine, California
Zip / Country	Zip / Country
24 78759-8364 / 25 USA	29 92715 / 30 USA

3. Date Incorporated or Qualified: **09/11/1992**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **33-0147571** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	1 TITLE	☐ Change ☐ Addition
NAME	MAYERS, ROY E.	1 NAME	
STREET ADDRESS	8701 N. MOPAC EXPY.,#200	1 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78759	1 CITY-ST-ZIP	
TYPE	VT ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	ROGERS, FLOYD	2 NAME	
STREET ADDRESS	8701 N. MOPAC EXPY.,#200	2 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78759	2 CITY-ST-ZIP	
TYPE	VSD ☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	MAYNARD, PHILIP C.	3 NAME	
STREET ADDRESS	18400 VON KARMAN AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92715	3 CITY-ST-ZIP	
TYPE	CD ☒ DELETE	4 TITLE	D/C ☐ Change ☒ Addition
NAME	CWIERTNIA, JEROME W.	4 NAME	YAU, SAM
STREET ADDRESS	18400 VON KARMAN AVE.	4 STREET ADDRESS	18400 VON KARMAN AVENUE
CITY-ST-ZIP	IRVINE CA 92715	4 CITY-ST-ZIP	IRVINE, CA 92715
TYPE	VATD ☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	OGATA, KEITH K	5 NAME	
STREET ADDRESS	18400 VON KARMAN AVE.	5 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92715	5 CITY-ST-ZIP	
TYPE	AT ☒ DELETE	6 TITLE	AT ☐ Change ☒ Addition
NAME	DUNN, MICHAEL S	6 NAME	CLAUSEN, JOHN L.
STREET ADDRESS	18400 VON KARMAN AVE	6 STREET ADDRESS	18400 VON KARMAN AVENUE
CITY-ST-ZIP	IRVINE CA 92715	6 CITY-ST-ZIP	IRVINE, CA 92715

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 alphabetical designation.

SIGNATURE: John L. Clausen February 1, 1996 714-474-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER