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May 15 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 # **P40442** **(6)**

1. Corporation Name
STECK-VAUGHN COMPANY

Principal Place of Business	Mailing Address
4515 SETON CENTER PKWY SUITE 300 AUSTIN TX 78759 US	~~2601 MAIN STREET~~ ~~SUITE 700~~ ~~IRVINE CA 92614~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1992

2. Principal Place of Business	2a. Mailing Address
21	26 TAX DEPT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 6277 SEA HARBOR DR
City & State 23	City & State 28 ORLANDO FL
Zip 24 / Country 25	Zip 29 32887 / Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	KOPEC, ANITA		1.2 NAME	CASABONE, RICHARD J	
STREET ADDRESS	4515 SETON CENTER PKWY, SUITE 300		1.3 STREET ADDRESS	4515 SETON CENTER PKWY #300	
CITY-ST-ZIP	AUSTIN TX		1.4 CITY-ST-ZIP	AUSTIN, TX 78759	
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, FLOYD		2.2 NAME		
STREET ADDRESS	4515 SETON SENTER PKWY, SUITE 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX		2.4 CITY-ST-ZIP		
TITLE	VSD	☒ DELETE	3.1 TITLE	VS	☐ Change ☒ Addition
NAME	MAYNARD, PHILIP C.		3.2 NAME	GELLER, ERIC P	
STREET ADDRESS	2601 MAIN STREET, SUITE 300		3.3 STREET ADDRESS	27 BOYLSTON ST	
CITY-ST-ZIP	IRVINE TX		3.4 CITY-ST-ZIP	CHESTNUT HILL MA 02167	
TITLE	CD	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	YAY, SAM		4.2 NAME	BANKS, MICHAEL	
STREET ADDRESS	2601 MAIN STREET, SUITE 700		4.3 STREET ADDRESS	6277 SEA HARBOR DR	
CITY-ST-ZIP	IRVINE CA		4.4 CITY-ST-ZIP	ORLANDO, FL 32887	
TITLE	VATD	☒ DELETE	5.1 TITLE	DV	☐ Change ☒ Addition
NAME	OGATA, KEITH K		5.2 NAME	KNEZ, BRIAN J	
STREET ADDRESS	2601 MAIN STREET, SUITE 700		5.3 STREET ADDRESS	27 BOYLSTON ST	
CITY-ST-ZIP	IRVINE CA		5.4 CITY-ST-ZIP	CHESTNUT HILL MA 02167	
TITLE	AT	☒ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	CLAUSEN, JOHN L		6.2 NAME	DIRKSEN, LINDA K	
STREET ADDRESS	2601 MAIN STREET, SUITE 700		6.3 STREET ADDRESS	6277 SEA HARBOR DR	
CITY-ST-ZIP	IRVINE CA		6.4 CITY-ST-ZIP	ORLANDO FL 32887	

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: _____ NAME: _____ DATE: _____