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

CITY-ST-ZIP

FILED PROFIT Aug 05 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P97000083875 (9) ADAMS LEARNING, INC. Principal Place of Business Mailing Address 7652 PALM RD 7652 PALM RD. W. PALM BEACH FL 33406 W. PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Nama ADAMS, SANDRA 2401 PGA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 84 City 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 harne of registered agent and fit est applicable (NOTE: Registered Agent's griature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE Change ___ Addition **ADAMS, SAMUEL L** NAME 1.2 NAME 7652 PALM RD. STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL 33406 CITY-ST-ZIF 1.4 CITY - ST - ZIP DEFETE ☐ Change TITLE Addition 2.1 DTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TOTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 7000026085**U**Fhange TITLE 5.1 TITLE Addition NAME 5.2 NAME -08/05/98--01099--0**5**0 STREET ADDRESS 5.3 STREET ADDRESS ***550.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-7IP 14. 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 of 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 changes, or on an attachment with an address.