FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUN 13 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S98743** **(5)**

1. Corporation Name

SOFTKEY SOFTWARE PRODUCTS OF FLORIDA, INC.

300001513418
-06/15/95--01025--008
****200.00 ****200.00

Principal Place of Business	Mailing Address
201 BROADWAY CAMBRIDGE MA 02139 US	201 BROADWAY CAMBRIDGE MA 02139 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1991	3a. Date of Last Report: 07/28/1994
2. Principal Place of Business: 21 One Athenaeum Street	2a. Mailing Address: 26 One Athenaeum Street
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Cambridge, MA	City & State: 28 Cambridge, MA
Zip: 24 02142 Country: 25 USA	Zip: 29 02142 Country: 30 USA
4. FEI Number: 65-0312090	☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	O'LEARY, KEVIN	12 NAME	Kevin O'Leary	
STREET ADDRESS	2700 MATHESON BLVD.E.	13 STREET ADDRESS	15 Catlin Road	
CITY ST ZIP	MISSISSAUGA,ONTARIO	14 CITY ST ZIP	Brookline, MA 02146	
TITLE	DT	21 TITLE	Director	☒ Change ☐ Addition
NAME	PERIK, MICHAEL	22 NAME	Michael Perik	
STREET ADDRESS	2700 MATHESON BLVD.E.	23 STREET ADDRESS	76 Marlborough Street	
CITY ST ZIP	MISSISSAUGA,ONTARIO	24 CITY ST ZIP	Boston, MA 02116	
TITLE		31 TITLE	Secretary	☐ Change ☒ Addition
NAME		32 NAME	Neal S. Winneg	
STREET ADDRESS		33 STREET ADDRESS	49 Griscom Road	
CITY ST ZIP		34 CITY ST ZIP	Wayland, MA 01778	
TITLE		41 TITLE	Treasurer	☐ Change ☒ Addition
NAME		42 NAME	J. Stephen Wilson	
STREET ADDRESS		43 STREET ADDRESS	48A Dana Street	
CITY ST ZIP		44 CITY ST ZIP	Cambridge, MA 02139	
TITLE		51 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME		52 NAME	David L. McEvoy	
STREET ADDRESS		53 STREET ADDRESS	97 Lexington Avenue	
CITY ST ZIP		54 CITY ST ZIP	Cambridge, MA 02138	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

300001513418
-06/15/95--01025--009
*****25.00 *****25.00

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)(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: David L. McEvoy 6/7/95 617-494 5766
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Telephone Number)
Assistant Secretary and V.P.

0303400 FP