

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98743

1. Entity Name

SOFTKEY SOFTWARE PRODUCTS OF FLORIDA, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90042 001 ***100.00

08-11-2000 90042 002 ****50.00

Principal Place of Business

Mailing Address

ONE ATHENAEUM STREET
CAMBRIDGE MA 02142
US

ONE ATHENAEUM STREET
CAMBRIDGE MA 02142-1200
US

2. Principal Place of Business

333 CONTWENTAL BLVD

3. Mailing Address

333 CONTWENTAL BLVD

Suite, Apt. #, etc.

MI-1518

Suite, Apt. #, etc.

MI-1518

City & State

EL SEGUNDO, CA

City & State

EL SEGUNDO, CA

Zip

Country

90245

L.A.

Zip

Country

90245

L.A.

4. FEI Number

65-0312090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	O'LEARY, KEVIN	
STREET ADDRESS	CO THE LEARNING COMPANY, ONE ATHENAEUM ST	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERIK, MICHAEL	
STREET ADDRESS	C/O THE LEARNING COMPANY, ONE ATHENAEUM ST	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WINNEG, NEAL S	
STREET ADDRESS	C/O THE LEARNING COMPANY, ONE ATHENAEUM ST	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	TV	<input type="checkbox"/> Delete
NAME	FOREY, ALLAN	
STREET ADDRESS	C/O THE LEARNING COMPANY, ONE ATHENAEUM ST	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR & CEO & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT NORMILE	
STREET ADDRESS	333 CONTWENTAL BLVD.	
CITY-ST-ZIP	EL SEGUNDO, CA 90245-5012	
TITLE	DIRECTOR & PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER O'BRIEN	
STREET ADDRESS	333 CONTWENTAL BLVD.	
CITY-ST-ZIP	EL SEGUNDO, CA 90245-5012	
TITLE	DIRECTOR & VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN RARE	
STREET ADDRESS	333 CONTWENTAL BLVD.	
CITY-ST-ZIP	EL SEGUNDO, CA 90245-5012	
TITLE	SENIOR VP & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM STAUD	
STREET ADDRESS	333 CONTWENTAL BLVD.	
CITY-ST-ZIP	EL SEGUNDO, CA 90245-5012	
TITLE	VP & ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE MCEVOY	
STREET ADDRESS	333 CONTWENTAL BLVD.	
CITY-ST-ZIP	EL SEGUNDO CA 90245-5012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



Attachment
Doc. # S98743

19454

Mattel, Inc. August 1, 2000

333 Continental Boulevard
El Segundo, California 90245-5012
Phone: 1 (310) 252-2000
Fax: 1 (310) 252-2180

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Softkey Software Products of Florida, Inc.

Dear Sirs:

Please find enclosed the 2000 Uniform Business Report for Softkey Software Products of Florida, Inc. along with a check in the amount of \$150.

Please be advised that this form is being filed late due to the fact that Mattel, Inc. acquired The Learning Company, Inc. (the parent company) last year. Software Products of Florida, Inc. became a subsidiary of Mattel, Inc. at that time. Unfortunately, a change of mailing address was never made with the State of Florida and this document was misplaced at the old location of The Learning Company and I just received this document by someone who happened to find it. There has been a large personnel turnover due to the acquisition and I believe that further delayed the filing of this form. We would greatly appreciate it if you would waive the late filing fee for this document.

Should you have any questions or require any additional information, please don't hesitate to contact me at (310) 252-3630.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Deborah A. Dicochea".

Deborah A. Dicochea
Legal Administrator

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encl.