

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001582 (5)**

1. Corporation Name

IDEAL LEARNING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
8505 FREEPORT PARKWAY **8505 FREEPORT PARKWAY**
IRVING TX 75063 **IRVING TX 75063**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/29/1994

2. Principal Place of Business 2a. Mailing Address
21 **2b**

4. FEI Number Applied For
75-2168894 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

City & State City & State
23 **28**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

Zip Country Zip Country
24 **25** **29** **30**

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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	
TITLE	P
NAME	HARMEL, PAUL
STREET ADDRESS	1075 HESSE FARM ROAD
CITY-ST-ZIP	CHASKA MN
TITLE	S
NAME	TREUCHEL, ROBERT H
STREET ADDRESS	8611 CHALET ROAD
CITY-ST-ZIP	BLOOMINGTON MN
TITLE	D
NAME	ERICKSON, RICHARD H
STREET ADDRESS	4901 ROLLING GREEN PARKWAY
CITY-ST-ZIP	EDINA MN
TITLE	D
NAME	NERNESS, ELROY C
STREET ADDRESS	1136 HOLLYBROOK DRIVE
CITY-ST-ZIP	WAYZATA MN
TITLE	D
NAME	REID, JOHN L
STREET ADDRESS	6804 TALAMORE CT.
CITY-ST-ZIP	YORKTOWN IN
TITLE	D
NAME	HASSEL, RICHARD A
STREET ADDRESS	870 HUNT FARM ROAD
CITY-ST-ZIP	LONG LAKE MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT
1.3 STREET ADDRESS	GARY D. VOLTING
1.4 CITY-ST-ZIP	2141 IOLE WOOD
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRAPEVINE, TX 76051
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 my address.

SIGNATURE: Gary D. Volting 1-18-95 (214) 929-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR