

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40442**

(6)

1. Corporation Name

STECK-VAUGHN COMPANY



Principal Place of Business

**10TH FLOOR
18400 VON KARMAN AVENUE
IRVINE CA 92715**

Mailing Address

**8701 N. MOPAC EXPRESSWAY
SUITE 200
AUSTIN TX 78759-8364
US**

2. Principal Place of Business

21 **8701 N. MoPac Expressway**

Street, Apt. #, etc.

22 **Suite 200**

City & State

23 **Austin, Texas**

Zip

24 **78759-8364**

County

25 **USA**

2a. Mailing Address

26 **18400 Von Karman Avenue**

Street, Apt. #, etc.

27 **10th Floor**

City & State

28 **Irvine, California**

Zip

29 **92715**

Country

30 **USA**

9. Name and Address of Current 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 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

OFFICERS AND DIRECTORS

12. NAME

13. TITLE

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. TITLE

18. STREET ADDRESS

19. CITY, STATE, ZIP

20. NAME

21. TITLE

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. NAME

25. TITLE

26. STREET ADDRESS

27. CITY, STATE, ZIP

28. NAME

29. TITLE

30. STREET ADDRESS

31. CITY, STATE, ZIP

32. NAME

33. TITLE

34. STREET ADDRESS

35. CITY, STATE, ZIP

36. NAME

37. TITLE

38. STREET ADDRESS

39. CITY, STATE, ZIP

40. NAME

41. TITLE

42. STREET ADDRESS

43. CITY, STATE, ZIP

44. NAME

45. TITLE

46. STREET ADDRESS

47. CITY, STATE, ZIP

48. NAME

49. TITLE

50. STREET ADDRESS

51. CITY, STATE, ZIP

**P
MAYERS, ROY E.
8701 N. MOPAC EXPY., #200
AUSTIN TX 78759
VT
ROGERS, FLOYD
8701 N. MOPAC EXPY., #200
AUSTIN TX 78759
VSD
MAYNARD, PHILIP C.
18400 VON KARMAN AVE.
IRVINE CA 92715
CD
CWIERTNIA, JEROME W.
18400 VON KARMAN AVE.
IRVINE CA 92715
VATD
OGATA, KEITH K
18400 VON KARMAN AVE.
IRVINE CA 92715
AT
DUNN, MICHAEL S
18400 VON KARMAN AVE
IRVINE CA 92715**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, STATE, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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. I am an officer or director of the corporation, or the resident or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an attached list with an address.

SIGNATURE:

John L. Clausen

John L. Clausen

February 1, 1996 714-474-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)