

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818246

FILED
Apr 29, 2011
Secretary of State

Entity Name: OFFICEMAX INCORPORATED

Current Principal Place of Business:

263 SHUMAN BLVD.
NAPERVILLE, IL 60563 US

New Principal Place of Business:

Current Mailing Address:

263 SHUMAN BLVD.
LEGAL DEPT., 5TH FLOOR
NAPERVILLE, IL 60563 US

New Mailing Address:

FEI Number: 82-0100960 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SALIGRAM, RAVI
Address: 263 SHUMAN BLVD.
City-St-Zip: NAPERVILLE, IL 60563 US

Title: D
Name: SALIGRAM, RAVI
Address: 263 SHUMAN BLVD.
City-St-Zip: NAPERVILLE, IL 60563 US

Title: CFO
Name: BESANKO, BRUCE H
Address: 263 SHUMAN BLVD.
City-St-Zip: NAPERVILLE, IL 60563 US

Title: DCHR
Name: GANGWAL, RAKESH
Address: C/O SUSAN WAGNER-FLEMING, 263 SHUMAN BLVD.
City-St-Zip: NAPERVILLE, IL 60563 US

Title: SVPS
Name: WAGNER-FLEMING, SUSAN
Address: 263 SHUMAN BLVD.
City-St-Zip: NAPERVILLE, IL 60563 US

Title: VPT
Name: GIULIANO, TONY
Address: 263 SHUMAN BLVD.
City-St-Zip: NAPERVILLE, IL 60563 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN WAGNER-FLEMING

SVPS

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date