

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 844187 (5)

1. Corporation Name

HANDLEMAN COMPANY

Principal Place of Business

**500 KIRTS BLVD
TROY MI 48064**

Mailing Address

**500 KIRTS BLVD
TROY MI 48064**



2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Signature

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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STREET ADDRESS

CITY, ST, ZIP

**C
BRAUM, THOMAS C. (JR)**

**500 KIRTS BLVD.
TROY MI**

COB

HANDLEMAN, DAVID

**500 KIRTS BLVD.
TROY MI**

AST

KARTJE, KENNETH P.

**500 KIRTS BLVD.
TROY MI**

VPFS

MORRIS, RICHARD J.

**500 KIRTS BLVD.
TROY MI**

PD

STROME, STEPHEN

**500 KIRTS BLVD.
TROY MI**

VT

EDWARDS, LARRY A

**500 KIRTS BLVD
TROY MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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