FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **844187** **(5)**

1. Corporation Name
HANDLEMAN COMPANY

Principal Place of Business	Mailing Address
500 KIRTS BLVD TROY MI 48084	500 KIRTS BLVD TROY MI 48084-5225

3. Date Incorporated or Qualified: **09/20/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **38-1242806** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAUM, THOMAS C. (JR)		1.2 NAME		
STREET ADDRESS	500 KIRTS BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		1.4 CITY-ST-ZIP		
TITLE	COB	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANDLEMAN, DAVID		2.2 NAME		
STREET ADDRESS	500 KIRTS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		2.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KARTJE, KENNETH P.		3.2 NAME		
STREET ADDRESS	500 KIRTS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		3.4 CITY-ST-ZIP		
TITLE	VPFS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, RICHARD J.		4.2 NAME		
STREET ADDRESS	500 KIRTS BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STROME, STEPHEN		5.2 NAME		
STREET ADDRESS	500 KIRTS BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TROY MI		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE	VT	☒ Change ☐ Addition
NAME	EDWARDS, LARRY A		6.2 NAME	Oviatt, Tom C.	
STREET ADDRESS	500 KIRTS BLVD		6.3 STREET ADDRESS	500 Kirts Blvd	
CITY-ST-ZIP	TROY MI		6.4 CITY-ST-ZIP	Troy MI 48084	

CR2E034 (9/96)

14. I do 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 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 an address.

SIGNATURE: _____ Tom C. Oviatt 4/2/97 810 362 4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479934