

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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
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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 48064-5225



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1979	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 38-1242806	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	Country		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

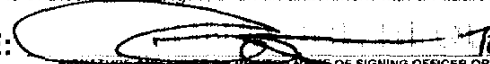
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
NAME	EDWARDS, LARRY A	6.2 NAME	
STREET ADDRESS	500 KIRTS BLVD	6.3 STREET ADDRESS	
CITY- ST- ZIP	TROY MI	6.4 CITY- ST- ZIP	

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:  BMO. Oviatt 4/2/97 8103624400

CR2E034 (9/96)