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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 852176 (7)

1. Corporation Name
ACME-WILEY CORPORATION

Principal Place of Business Mailing Address
**2480 GREENLEAF AVENUE 2480 GREENLEAF AVENUE
ELK GROVE VILLAGE IL 60007 ELK GROVE VILLAGE IL 60007**

3. Date Incorporated or Qualified 03/15/1982	3a. Date of Last Report 03/16/1994
4. FEI Number 36-0703295	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under D. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2b. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**O'NEILL, ROGER L.
11661 LOST TREE WAY
N PALM BCH FL 33408**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, MARIE E	1.2 NAME	
STREET ADDRESS	80 CELESTIAL WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	JUNO BEACH, FL 00000	1.4 CITY- ST- ZIP	
TITLE	VPF	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAN, JOHN	2.2 NAME	
STREET ADDRESS	2480 GREENLEAF AV	2.3 STREET ADDRESS	
CITY- ST- ZIP	ELK GROVE IL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, LORETTA	3.2 NAME	
STREET ADDRESS	110 W BUTTERFIELD RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	ELMHURST, IL 00000	3.4 CITY- ST- ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, ROGER L	4.2 NAME	
STREET ADDRESS	11661 LOST TREE WAY	4.3 STREET ADDRESS	
CITY- ST- ZIP	N PALM BCH FL	4.4 CITY- ST- ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREITER, KARL L.	5.2 NAME	
STREET ADDRESS	2480 GREENLEAF	5.3 STREET ADDRESS	
CITY- ST- ZIP	ELK GROVE IL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Callan JOHN P. CALLAN 4/03/95 (708) 364-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)