

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 16, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **852176** (7)

1. Corporation Name  
**ACME-WILEY CORPORATION**



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

3. Date Incorporated or Qualified: **03/15/1982**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **36-0703295**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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  
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEILL, MARIE E	
STREET ADDRESS	<del>80 CELESTIAL WAY</del> 11661 LOST TREE WAY	
CITY-ST-ZIP	JUNO BEACH, FL 00000 33408	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	CALLAN, JOHN	
STREET ADDRESS	2480 GREENLEAF AV	
CITY-ST-ZIP	ELK GROVE IL 60007	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATTERSON, LORETTA	
STREET ADDRESS	110 W BUTTERFIELD RD	
CITY-ST-ZIP	ELMHURST, IL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'NEILL, ROGER L	
STREET ADDRESS	11661 LOST TREE WAY	
CITY-ST-ZIP	N PALM BCH FL 33408	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREITER, KARL L.	
STREET ADDRESS	2480 GREENLEAF	
CITY-ST-ZIP	ELK GROVE IL 60007	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	11661 LOST TREE WAY
14 CITY-ST-ZIP	33408
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	60007
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	33408
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	60007
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 607, 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 4/9/96 (847) 3642250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.

CF2E034 (12/95)