FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **856510** **(3)**

1. Corporation Name

FOLLETT COLLEGE STORES CORPORATION

Principal Place of Business	Mailing Address
2233 WEST STREET RIVER GROVE IL 60171-1695 US	2233 WEST STREET RIVER GROVE IL 60171-1695 US

3. Date Incorporated or Qualified: **05/20/1983**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 2233 West Street
Suite, Apt. #, etc.
22
City & State
23 River Grove, IL
Zip 24 60171 Country 25 Cook

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

4. FEI Number: **36-2593135** ☐ 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LITZSINGER, P.R.		1.2 NAME		
STREET ADDRESS	2233 WEST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER GROVE IL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LITZSINGER, P.R.		2.2 NAME		
STREET ADDRESS	2233 WEST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER GROVE IL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HOSEK, L.R.		3.2 NAME	Richard A. Waichler	
STREET ADDRESS	2233 WEST STREET		3.3 STREET ADDRESS	2233 West Street	
CITY-ST-ZIP	RIVER GROVE IL		3.4 CITY-ST-ZIP	River Grove, IL 60171	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HULL, K.J.		4.2 NAME		
STREET ADDRESS	2233 WEST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER GROVE IL		4.4 CITY-ST-ZIP		
TITLE	VASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WAICHLER, R. A.		5.2 NAME		
STREET ADDRESS	2233 WEST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER GROVE IL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TRAUT, R.M.		6.2 NAME		
STREET ADDRESS	2233 WEST STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER GROVE IL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: R.A. Waichler Richard A. Waichler January 24, 1996 708-583-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #