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Jan 23 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 # **856510** **(3)**

1. Corporation Name
FOLLETT COLLEGE STORES CORPORATION

Principal Place of Business	Mailing Address
2233 WEST STREET RIVER GROVE IL 60171-1895 US	2233 WEST STREET RIVER GROVE IL 60171-1817 US

3. Date Incorporated or Qualified: **05/20/1983**
3a. Date of Last Report: **01/31/1996**

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

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

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 individual 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	President	☐ Change ☒ Addition
NAME	LITZSINGER, P.R.		2.2 NAME	James Baumann	
STREET ADDRESS	2233 WEST STREET		2.3 STREET ADDRESS	2233 West Street	
CITY-ST-ZIP	RIVER GROVE IL		2.4 CITY-ST-ZIP	River Grove, IL 60171	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAICHLER, RICHARD A		3.2 NAME		
STREET ADDRESS	2233 WEST STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER GROVE IL		3.4 CITY-ST-ZIP		
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 (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: Robert Waichler 1/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #