

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **856510** (3)

1. Corporation Name
FOLLETT COLLEGE STORES CORPORATION

Principal Place of Business
**2233 WEST STREET
RIVER GROVE IL 60171-1895
US**

Mailing Address
**2233 WEST STREET
RIVER GROVE IL 60171-1895
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1983

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*** CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	LITZINGER, P.R.	1.2 NAME	Hull, K.J.
STREET ADDRESS	2233 WEST STREET	1.3 STREET ADDRESS	2233 West Street
CITY-ST-ZIP	RIVER GROVE IL	1.4 CITY-ST-ZIP	River Grove, IL 60171
TITLE	P	2.1 TITLE	
NAME	BAUMANN, JAMES	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	3.1 TITLE	Assistant Secretary
NAME	WAICHLER, RICHARD A	3.2 NAME	McMahon, Dennis A.
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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	

14. I 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:  Dennis A. McMahon, Assistant Secretary 3/12/98

CR2E034 (10/97)