## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003705

FILED Jan 26, 2005 Secretary of State

Entity Name: BOOK MANUFACTURES' INSTITUTE, INC.

**Current Principal Place of Business: New Principal Place of Business:** TWO ARMAND BEACH DR SUITE 1B PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** TWO ARMAND BEACH DR SUITE 1B PALM COAST, FL 32137 FEI Number: 13-0510540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, BRUCE W 33 EASTLAKE DRIVE PALM COAST, FL 32137 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MEAD, DAVID N Name: Name: BANTA BOOK GROUP, SURTIS READ PLAZA BOX 60 Address: Address: City-St-Zip: MENASHA, WI 549520060 City-St-Zip: Title: VC Title: ( ) Delete () Change () Addition UPTON, WILLIAM L Name: Name: Address: 5411 JACKSON ROAD Address: City-St-Zip: ANN ARBOR, MI 48106 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, BRUCE W Name: Name: 33 EASTLAKE DRIVE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition Name: EDWARDS, JOHN J Name: Address: 2500 SOUTH STATE STREET Address: City-St-Zip: ANN ARBOR, MI 48106 City-St-Zip: Title: () Delete Title: () Change () Addition BACH, DANIEL N Name: Name: 1530 MCCONNELL ROAD Address: Address: City-St-Zip: WOODSTOCK, IL 60098 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition SHAFER, ROBERT L MATHEWS, ROBERT S Name: Name: Address: 25 WHITNEY ROAD Address: 1000 CAMERA AVENUE MAHWAH, NJ 074303176 ST LOUIS, MO 63126 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE W. SMITH S 01/26/2005