

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005680

FILED
Jan 14, 2009
Secretary of State

Entity Name: ESSELTE CORPORATION

Current Principal Place of Business:

48 S. SERVICE ROAD - SUITE 400
MELVILLE, NY 11747

New Principal Place of Business:

Current Mailing Address:

48 S. SERVICE ROAD - SUITE 400
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 20-3098654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BROOKS, GARY J
Address: 48 S. SERVICE ROAD - SUITE 400
City-St-Zip: MELVILLE, NY 11747

Title: VGCS () Delete
Name: LUNDREGAN, WILLIAM J
Address: 48 S. SERVICE ROAD - SUITE 400
City-St-Zip: MELVILLE, NY 11747

Title: V () Delete
Name: FIALA, JOSEF
Address: 48 S. SERVICE ROAD - SUITE 400
City-St-Zip: MELVILLE, NY 11747

Title: V () Delete
Name: MCCARTHY, JOHN
Address: 48 S. SERVICE ROAD - SUITE 400
City-St-Zip: MELVILLE, NY 11747

Title: V (X) Delete
Name: O'LEARY, JAMES
Address: 48 S. SERVICE ROAD - SUITE 400
City-St-Zip: MELVILLE, NY 11747

Title: V (X) Delete
Name: LEONARD, THOMAS
Address: 48 S. SERVICE ROAD - SUITE 400
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. LUNDREGAN

VP

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date