

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000145 (4)

1. Corporation Name
OFFICEMAX, INC.

Principal Place of Business Mailing Address
P.O. BOX 228070 CLEVELAND OH 44122-0807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/06/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **34-1573735** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FEUER, MICHAEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS OH 44122	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	CD MRKONIC, GEORGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS OH 44122	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	VCD HURWITZ, ROBERT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS OH 44122	3.2 NAME	Director Carl Glickman
STREET ADDRESS		3.3 STREET ADDRESS	3605 Warrensville Center Rd. Shaker Hts., OH 44122
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	VD MURASKY, THOMAS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS OH 44122	4.2 NAME	Director Sydell Miller
STREET ADDRESS		4.3 STREET ADDRESS	3605 Warrensville Center Rd Shaker Hts., OH 44122
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	VD PALIZZI, ANTHONY	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3605 WARRENSVILLE CENTER ROAD SHAKER HEIGHTS OH 44122	5.2 NAME	Executive VP, CFO, Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Edward Cornell
CITY- ST- ZIP		5.4 CITY- ST- ZIP	3605 Warrensville Center Road Shaker Hts., OH 44122
TITLE	V MCLOUGHLIN, CHRISTOPHER	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3605 WARRENSVILLE CNT RD SHAKER HEIGHTS OH	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 110.07(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: Christopher A. McLaughlin 4-11-95 (216) 921-6100
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (daytime phone #)