

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000145 (4)**
1. Corporation Name
OFFICEMAX, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Report 04/21/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 34-1573735	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEUER, MICHAEL	2. NAME	
STREET ADDRESS	3805 WARRENSVILLE CENTER ROAD	3. STREET ADDRESS	
CITY- ST- ZIP	SHAKER HEIGHTS OH 44122	4. CITY- ST- ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRKONIC, GEORGE	2.2 NAME	MCCANN, JAMES
STREET ADDRESS	3805 WARRENSVILLE CENTER ROAD	2.3 STREET ADDRESS	3805 WARRENSVILLE CNT. RD
CITY- ST- ZIP	SHAKER HEIGHTS OH 44122	2.4 CITY- ST- ZIP	SHAKER HEIGHTS, OH 44122
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, CARL	3.2 NAME	
STREET ADDRESS	3805 WARRENSVILLE CENTER ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SHAKER HEIGHTS OH	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SYDELL	4.2 NAME	
STREET ADDRESS	3805 WARRENSVILLE CENTER ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	SHAKER HEIGHTS OH	4.4 CITY- ST- ZIP	
TITLE	EVPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, EDWARD	5.2 NAME	
STREET ADDRESS	3805 WARRENSVILLE CENTER ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	SHAKER HEIGHTS OH	5.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLOUGHLIN, CHRISTOPHER	6.2 NAME	
STREET ADDRESS	3805 WARRENSVILLE CNT RD	6.3 STREET ADDRESS	
CITY- ST- ZIP	SHAKER HEIGHTS OH	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 119.07(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 business administrator 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* **4/26/96 (216) 921-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)