

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000145

1. Entity Name

OFFICEMAX, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90136 011 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 22500
CLEVELAND OH 44122

P.O. BOX 22500
CLEVELAND OH 44122-0500

2. Principal Place of Business

3. Mailing Address P.O. Box 228070

3605 WARRENSVILLE CENTER RD

ATT: Tax Department

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Shaker Hts, OH

City & State

Cleveland, OH

Zip

44122

Country

Cuyahoga

Zip

44122

Country

Cuyahoga



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FEUER, MICHAEL
STREET ADDRESS 3605 WARRENSVILLE CENTER ROAD
CITY-ST-ZIP SHAKER HEIGHTS OH 44122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MCCANN, JAMES
STREET ADDRESS 3605 WARRENSVILLE CENTER RD
CITY-ST-ZIP SHAKER HEIGHTS OH 44122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GLICKMAN, CARL
STREET ADDRESS 3605 WARRENSVILLE CENTER ROAD
CITY-ST-ZIP SHAKER HEIGHTS OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MILLER, SYDELL
STREET ADDRESS 3605 WARRENSVILLE CENTER ROAD
CITY-ST-ZIP SHAKER HEIGHTS OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME POLLOCK, ROSS
STREET ADDRESS 3605 WARRENSVILLE CENTER ROAD
CITY-ST-ZIP SHAKER HEIGHTS OH 44122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME TILTON, MIKE
STREET ADDRESS 3605 WARRENSVILLE CNT RD
CITY-ST-ZIP SHAKER HEIGHTS OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

216-471-6900

Daytime Phone #

CR2E034 (9/99)