

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90451 045 \*\*\*150.00

**DOCUMENT # F92000000145**

1. Entity Name

**OFFICEMAX, INC.**

Principal Place of Business

**3605 WARRENSVILLE CTR RD  
 CLEVELAND OH 44122**

Mailing Address

**P.O. BOX 228070  
 ATTN: TAX DEPARTMENT  
 CLEVELAND OH 44122**

**00049606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**34-1573735**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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, 2001 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	<input type="checkbox"/> Delete
NAME	FEUER, MICHAEL	
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD	
CITY-ST-ZIP	SHAKER HEIGHTS OH 44122	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, JAMES	
STREET ADDRESS	3605 WARRENSVILLE CENTER RD	
CITY-ST-ZIP	SHAKER HEIGHTS OH 44122	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLICKMAN, CARL	
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD	
CITY-ST-ZIP	SHAKER HEIGHTS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SYDELL	
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD	
CITY-ST-ZIP	SHAKER HEIGHTS OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	POLLOCK, ROSS	
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD	
CITY-ST-ZIP	SHAKER HEIGHTS OH 44122	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TILTON, MIKE	
STREET ADDRESS	3605 WARRENSVILLE CNT RD	
CITY-ST-ZIP	SHAKER HEIGHTS OH	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_

*Mike Tilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/01*

Date

*216 471-6900*

Daytime Phone #

CR2E034 (10/00)