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**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002055 (9)

1. Corporation Name
KENDALL/HUNT PUBLISHING COMPANY



Principal Place of Business: **4050 WESTMARK DR DUBUQUE IA 52002**
Mailing Address: **4050 WESTMARK DR DUBUQUE IA 52002-2624**

3. Date Incorporated or Qualified 04/24/1996	3a. Date of Last Report
4. FEI Number 42-1426616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29
25	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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCT	<input type="checkbox"/> DELETE
NAME	FALB, MARK C	
STREET ADDRESS	4050 WESTMARK DR	
CITY - ST - ZIP	DUBUQUE IA 52002	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FALB, MARK C	
STREET ADDRESS	4050 WESTMARK DR	
CITY - ST - ZIP	DUBUQUE IA 52002	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BAUER, DAVID C	
STREET ADDRESS	4050 WESTMARK DR	
CITY - ST - ZIP	DUBUQUE IA 52002	
TITLE	COOP	<input type="checkbox"/> DELETE
NAME	MALONE, RONALD R	
STREET ADDRESS	4050 WESTMARK DR	
CITY - ST - ZIP	DUBUQUE IA 52002	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONE, RONALD R	
STREET ADDRESS	4050 WESTMARK DR	
CITY - ST - ZIP	DUBUQUE IA 52002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: **DAVID C. BAUER** 1/27/97 319-589-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CP2E034 (9/96)

13. Additions/Changes to Officers and Directors in 12:

Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Thomas W. Gantz Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Larry D. Loeppke Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Alfred C. Grisanti Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Alan C. Vincent Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Ruth A. Burlage Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Brian N. Johnson Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Dave Bowman Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City:
Title: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Name: Bruce Kaufman Address: 4050 Westmark Drive City: Dubuque IA 52002	Title: <input type="checkbox"/> Change <input type="checkbox"/> Addition Name: Address: City: