2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004756

1. Entity Name

BOOKS ARE FUN, LTD., INCORPORATED

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90208 048 ***150.00

Principal Place of Business	Mailing Address
123 N. MAIN ST FAIRFIELD IA 52556-2370	123 N. MAIN ST FAIRFIELD IA 52556-8947

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1680 HIGHWAY 1 NORTH Suite, Apt. #, etc.	1680 HIGHWAY 1 NORTH Suite, Apt. #, etc.
City & State: FAIRFIELD IA	City & State: FAIRFIELD IA
Zip: 52556 Country: JEFFERSON	Zip: 52556 Country: JEFFERSON

4. FEI Number 42-1360501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE, SUITE 200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CP KAPLAN, EARL 2020 NORTH "B" STREET FAIRFIELD IA 52556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCLAUGHLIN, TED 1205 LAKEVIEW FAIRFIELD IA 52556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPLAN, DAVID 435 L'AMBIANCE #G701 LONGBOAT KEY FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED LIST	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELL, SAM 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSEN, DAVID J. 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAMMEYER, ROD 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Larry A. Camp Controller/Asst Sec 1/6/00 5154728301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #