

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90047 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000000386**  
 1. Corporation Name  
**LOGIN BROS. BOOK COMPANY, INC.**



Principal Place of Business: 1436 W. RANDOLPH ST. CHICAGO IL 60607  
 Mailing Address: 1436 W. RANDOLPH ST. CHICAGO IL 60607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 City & State (22, 27)  
 Zip (24, 29)

3. Date Incorporated or Qualified: 01/23/1997  
 4. FEI Number: 36-2600344  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JANICE	1.2 NAME	
STREET ADDRESS	7351 N. KOSTNER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNWOOD IL 60846	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBSTEIN, BARRY	2.2 NAME	
STREET ADDRESS	1800 HYBERNIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, LARRY	3.2 NAME	
STREET ADDRESS	23911 HALBURTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENCHWOOD OH 44122	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, MICHAEL	4.2 NAME	DST Weiss, Michael
STREET ADDRESS	305 BEL AIR DR.	4.3 STREET ADDRESS	2442 Harrison
CITY-ST-ZIP	GLENVIEW IL 60025	4.4 CITY-ST-ZIP	Glenview, IL 60025
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] 2/2/99 312-432-774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)