

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90215 031 ***150.00

DOCUMENT # F97000001526
 1. Entity Name
LR INTERNATIONAL BOOK COMPANY

Principal Place of Business Mailing Address
1436 W. RANDOLPH ST. **1436 W. RANDOLPH ST.**
CHICAGO IL 60607 **CHICAGO IL 60607-1414**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3890174** Applied For
 Not Applicable
 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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBSTEIN, BARRY	NAME	
STREET ADDRESS	1800 HYBERNIA DR.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, MICHAEL B	NAME	WEISS, MICHAEL B.
STREET ADDRESS	2442 HARRISON	STREET ADDRESS	1891 WESTLEIGH DR.
CITY-ST-ZIP	GLENVIEW IL 60025	CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	DS <input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JANICE B	NAME	BROWN, JANICE B.
STREET ADDRESS	7351-N-KOSTNER AVE.	STREET ADDRESS	7351 N. KOSTNER AVE.
CITY-ST-ZIP	LINCOLNWOOD IL 60646-1921	CITY-ST-ZIP	LINCOLNWOOD, IL 60712-1921
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Janice B. Brown **JANICE B. BROWN** 4/4/2000 (312) 432-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)