

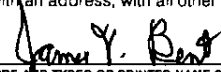


FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 210576 1. Entity Name FLORIDA SCHOOL BOOK DEPOSITORY, INC.			
Principal Place of Business 1125 N. ELLIS ROAD JACKSONVILLE, FL 32254 US		Mailing Address POST OFFICE BOX 6578 JACKSONVILLE, FL 32236 US	
DO NOT WRITE IN THIS SPACE			
		04032008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0826204	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BENT, JAMES 3802 BATTES CIRCLE JACKSONVILLE, FL 32210		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DATE 04/23/08-80047-013 150.00	
TITLE	CD	DO NOT WRITE IN THIS SPACE	
NAME	BENT, JAMES V		
STREET ADDRESS	3802 BETTES CIRCLE		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE	P		
NAME	BENT, ROBERT PAUL		
STREET ADDRESS	4834 ARAPAHOE AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE	D		
NAME	MACRAE, PATRICIA BENT		
STREET ADDRESS	3715 MC GIRTS BLVD		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE	D		
NAME	STANLEY, J. HERBERT		
STREET ADDRESS	4815 ALGONQUIN AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE	D		
NAME	BENT, PATRICIA PAUL		
STREET ADDRESS	3802 BETTES CIRCLE		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 04/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	