

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 805982 (6)

1. Corporation Name

ENCYCLOPAEDIA BRITANNICA, INC.



Principal Place of Business

310 S.MICHIGAN AVE.
9TH FL.TAX DEPT
CHICAGO IL 60604

Mailing Address

310 S.MICHIGAN AVE.
9TH FL.TAX DEPT.
CHICAGO IL 60604

3. Date Incorporated or Qualified
09/08/1945

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
36-1042995

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title, if applicable

(If CLE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CONSIDINE, F.W. | |
| STREET ADDRESS | 310 S MICHIGAN AVE | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | NORTON, P.B. | |
| STREET ADDRESS | 310 S MICHIGAN AVE | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | DIGAN, TB | |
| STREET ADDRESS | 310 S MICHIGAN AVE | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | BOWE, W.J. | |
| STREET ADDRESS | 310 S.MICHIGAN AVE. | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SAFRA, JACOB E. | |
| 1.3 STREET ADDRESS | 310 S. MICHIGAN AVENUE | |
| 1.4 CITY-ST-ZIP | CHICAGO, IL 60604 | |
| 2.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JAMES E. GOULKA | |
| 2.3 STREET ADDRESS | 310 S. MICHIGAN AVENUE | |
| 2.4 CITY-ST-ZIP | CHICAGO, IL 60604 | |
| 3.1 TITLE | VC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | NANCY J. WILKE | |
| 3.3 STREET ADDRESS | 310 S. MICHIGAN AVENUE | |
| 3.4 CITY-ST-ZIP | CHICAGO, IL 60604 | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nancy J. Wilke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Wilke 4/ /96 (312) 347-7143

Date

Daytime Phone #

CR2E034 (12/95)

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ENCYCLOPAEDIA BRITANNICA, INC.

**310 South Michigan Avenue
9th Floor, Tax Department
Chicago, IL 60604**

CORPORATE DIRECTORS

Jacob E. Safra, Chairman

Constantine S. Yannias

Note: All officers may be reached at the above indicated address.

Term of Office: June, 1996

(eff. 6/95)

ENCYCLOPÆDIA BRITANNICA, INC.

**310 South Michigan Avenue
9th Floor, Tax Department
Chicago, IL 60604**

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CORPORATE OFFICERS

| | |
|------------------------|--|
| James E. Goulka | President, Chief Executive & Chief Financial Officer |
| William J. Bowe | Executive Vice President, Secretary & General Counsel |
| Karl Steinberg | Vice President - Human Resources |
| Nancy J. Wilke | Vice President & Controller |
| Thomas B. Digan | Assistant Treasurer |

Note: All officers may be reached at the above indicated address.

Term of Office: June, 1996

(eff. 6/95)