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

PS 1 of 2

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PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 11:32

DOCUMENT # 844187

Corporation Name
HANDLEMAN COMPANY

Principal Place of Business	Mailing Address
KIRTS BLVD MI 48084	500 KIRTS BLVD TROY MI 48084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/20/1979

4. FEI Number: 38-1242806 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite. Apt. #, etc.
City & State	City & State
Zip / Country (25)	Zip / Country (29) (30)

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ 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	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAUM, THOMAS C. (JR)		1.2 NAME	800003251158--0
STREET ADDRESS	500 KIRTS BLVD.		1.3 STREET ADDRESS	-05/12/00--01111--012
CITY-ST-ZIP	TROY MI		1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	COB	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANDLEMAN, DAVID		2.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI		2.4 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KARTJE, KENNETH P.		3.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI		3.4 CITY-ST-ZIP	
TITLE	VPFS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRAMS, LEONARD A		4.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STROME, STEPHEN		5.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	AD
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: Kenneth P. Kartje 4/24/00 (248)362-4400

Kenneth P. Kartje Asst. Secretary/Asst. Treasurer

CR2E034 (11/91)