

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 039 ***150.00

DOCUMENT # 844187	
1. Entity Name HANDLEMAN COMPANY	



Principal Place of Business 500 KIRTS BLVD TROY, MI 48084	Mailing Address 500 KIRTS BLVD TROY, MI 48084
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50043112

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



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 38-1242806		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO BRAUM, THOMAS C. (JR) 500 KIRTS BLVD. TROY, MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS KARTJE, KENNETH P. 500 KIRTS BLVD. TROY, MI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP LOPEZ, GERARDO 500 KIRTS BLVD. TROY, MI 48084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARKS, ANGELIQUE 500 KIRTS BLVD. TROY, MI 48084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCIO SAUSA, ROBERT 500 KIRTS BLVD. SOUTHFIELD, MI 48086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MIZE, GREGORY L. 500 KIRTS BLVD. TROY, MI 48084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO STROME, STEPHEN 500 KIRTS BLVD. TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STROME, STEPHEN 500 KIRTS BLVD. TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED LIST

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth P. Kartje KENNETH P. KARTJE 4-18-05 (248) 362-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NAME	TITLE
STEPHEN STROME	CHAIRMAN, CHIEF EXECUTIVE OFFICER AND PRESIDENT
THOMAS C. BRAUM, JR.	SENIOR VP/FINANCE, CFO, TREASURER
MARK J. ALBRECHT	SENIOR VP/HR AND ORGANIZATIONAL DEVELOPMENT
ANGELIQUE MARKS	VP/CORPORATE LEGAL COUNSEL
DONALD M. GENOTTI	VP/CORPORATE CONTROLLER
KENNETH P. KARTJE	CORPORATE SECRETARY
GREGORY L. MIZE	VICE PRESIDENT/INVESTOR RELATIONS
STEPHEN STROME	DIRECTOR
ELIZABETH CHAPPELL	DIRECTOR
EUGENE A. MILLER	DIRECTOR
JAMES B. NICHOLSON	DIRECTOR
SANDRA E. PETERSON	DIRECTOR
IRVIN D. REID	DIRECTOR
LLOYD E. REUSS	DIRECTOR
RALPH J. SZYGENDA	DIRECTOR
THOMAS S. WILSON	DIRECTOR

TITLE

BUSINESS ADDRESS

STEPHEN STROME	CHAIRMAN, CHIEF EXECUTIVE OFFICER AND PRESIDENT
THOMAS C. BRAUM, JR.	SENIOR VP/FINANCE; CFO, TREASURER
MARK J. ALBRECHT	SENIOR VP/HR AND ORGANIZATIONAL DEVELOPMENT
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ELIZABETH CHAPPELL	DIRECTOR
EUGENE A. MILLER	DIRECTOR
JAMES B. NICHOLSON	DIRECTOR
SANDRA E. PETERSON	DIRECTOR
IRVIN D. REID	DIRECTOR
LLOYD E. REUSS	DIRECTOR
RALPH J. SZYGENDA	DIRECTOR
THOMAS S. WILSON	DIRECTOR

ATTACHMENT
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