

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844353** (3)
1. Corporation Name:
ENCYCLOPAEDIA BRITANNICA EDUCATIONAL CORPORATION

Principal Place of Business Mailing Address
310 S MICHIGAN AVE CHICAGO IL 60604 **310 S MICHIGAN AVE CHICAGO IL 60604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1979** 3a. Date of Last Report **03/23/1994**
4. FEI Number **36-2063569** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 the date.

Date: Registered Agent signature required when installing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLIOT, JOSEPH
STREET ADDRESS	310 S MICHIGAN AVE.
CITY- ST- ZIP	CHICAGO IL
TITLE	S
NAME	JOY, HARRY J.
STREET ADDRESS	310 S MICHIGAN AVE.
CITY- ST- ZIP	CHICAGO IL
TITLE	D
NAME	NORTON, PETER
STREET ADDRESS	310 SO MICHIGAN AVE
CITY- ST- ZIP	CHICAGO IL
TITLE	D
NAME	BOWE, WILLIAM
STREET ADDRESS	310 S MICHIGAN AVE.
CITY- ST- ZIP	CHICAGO IL
TITLE	V
NAME	PETERS, TIM
STREET ADDRESS	310 S MICHIGAN AVE.
CITY- ST- ZIP	CHICAGO IL
TITLE	D
NAME	ESPOSITO, JOSEPH
STREET ADDRESS	310 SO MICHIGAN AVE
CITY- ST- ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Executive Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	James Decker-Ward
13 STREET ADDRESS	310 S. Michigan Ave.
14 CITY- ST- ZIP	Chicago, IL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: SIGNATURE AND TYPE ON PRINTED LINE OF CHANGING OFFICER OR DIRECTOR

4/28/95 312/347-7904