

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1979	3a. Date of Last Report 05/01/1995
21	22	23	24	4. FEI Number 36-2063569	Applied For <input type="checkbox"/> Not Applicable
25		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER-WARD, JAMES	1.2 NAME	Esposito, Joseph
STREET ADDRESS	310 S MICHIGAN AVE.	1.3 STREET ADDRESS	310 South Michigan Ave.
CITY-STATE-ZIP	CHICAGO IL	1.4 CITY-STATE-ZIP	Chicago, IL 60604
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY, HARRY J.	2.2 NAME	Bowe, William J.
STREET ADDRESS	310 S MICHIGAN AVE.	2.3 STREET ADDRESS	310 South Michigan Ave.
CITY-STATE-ZIP	CHICAGO IL	2.4 CITY-STATE-ZIP	Chicago, IL 60604
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, PETER	3.2 NAME	Goulka, James E.
STREET ADDRESS	310 SO MICHIGAN AVE	3.3 STREET ADDRESS	310 South Michigan Ave.
CITY-STATE-ZIP	CHICAGO IL	3.4 CITY-STATE-ZIP	Chicago, IL 60604
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWE, WILLIAM	4.2 NAME	Joy, Harry J., Jr.
STREET ADDRESS	310 S MICHIGAN AVE.	4.3 STREET ADDRESS	310 South Michigan Ave.
CITY-STATE-ZIP	CHICAGO IL	4.4 CITY-STATE-ZIP	Chicago, IL 60604
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, TIM	5.2 NAME	Digan, Thomas B.
STREET ADDRESS	310 S MICHIGAN AVE.	5.3 STREET ADDRESS	310 South Michigan Ave.
CITY-STATE-ZIP	CHICAGO IL	5.4 CITY-STATE-ZIP	Chicago, IL 60604
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, JOSEPH	6.2 NAME	
STREET ADDRESS	310 SO MICHIGAN AVE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL	6.4 CITY-STATE-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: 1/26/96 312/347-7904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)