

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

FILED

**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 60604-4207
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/09/1979	3a. Date of Last Report 02/02/1996
21	26	4. FEI Number 36-2063569	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

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 _____ 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, JOSEPH	1.2 NAME	
STREET ADDRESS	310 SOUTH MICHIGAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWE, WILLIAM J	2.2 NAME	
STREET ADDRESS	310 S MICHIGAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	C/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULKA, JAMES E.	3.2 NAME	GOULKA, JAMES E.
STREET ADDRESS	310 SO MICHIGAN AVE	3.3 STREET ADDRESS	310 SO MICHIGAN AVE
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	CHICAGO IL 60604
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY, HARRY J.	4.2 NAME	JAMES DECKER-WARD
STREET ADDRESS	310 S MICHIGAN AVE.	4.3 STREET ADDRESS	310 SO MICHIGAN AVE
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	CHICAGO IL 60604
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGAN, THOMAS B.	5.2 NAME	PHILIP STOCKTON
STREET ADDRESS	310 S MICHIGAN AVE.	5.3 STREET ADDRESS	310 SO MICHIGAN AVE
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	CHICAGO IL 60604
TITLE	D <input checked="" 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-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE  **HARRY J. JOY, JR.; 2/5/97 (312)347-7904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)