

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001258

Entity Name: SCHOOL SPECIALTY, INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

W6316 DESIGN DRIVE
GREENVILLE, WI 54942

New Principal Place of Business:

Current Mailing Address:

PO BOX 1579
APPLETON, WI 549121579

New Mailing Address:

FEI Number: 39-0971239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ZANDEN, DAVID J
Address: W6316 DESIGN DRIVE
City-St-Zip: GREENVILLE, WI 54942

Title: D () Delete
Name: LAMM, ROCHELLE
Address: 127 EAST SILVER SPRING DR.
City-St-Zip: MILWAUKEE, WI T

Title: VPT () Delete
Name: KABACINSKI, MARY M
Address: W6316 DESIGN DRIVE
City-St-Zip: GREENVILLE, WI 54942

Title: S () Delete
Name: FRANZOI IV, JOSEPH F
Address: 514 RACINE STREET
City-St-Zip: MENASHA, WI

Title: AS () Delete
Name: RICHING, KAREN A
Address: W6316 DESIGN DRIVE
City-St-Zip: GREENVILLE, WI 54942

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: VANDER ZANDEN, DAVID J
Address: W6316 DESIGN DRIVE
City-St-Zip: GREENVILLE, WI 54942

Title: D (X) Change () Addition
Name: LAMM, ROCHELLE
Address: 3805 NORTH OAKLAND AVENUE
City-St-Zip: SHOREWOOD, WI 53211 T

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M. KABACINSKI

VPT

01/19/2006

Electronic Signature of Signing Officer or Director

Date