
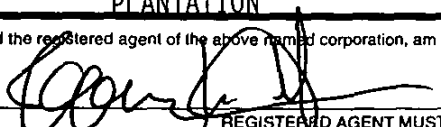



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000002923					
1. Corporation Name FOLLETT CORPORATION ILLINOIS					
2. Principal Office Address 2233 WEST STREET Suite, Apt. #, etc.			3. Mailing Office Address 2233 WEST STREET Suite, Apt. #, etc.		
City & State RIVER GROVE, IL Zip 60171 Country USA			City & State RIVER GROVE, IL Zip 60171 Country USA		
			4. Date Incorporated or Qualified To Do Business in Florida 05/20/1983		
			5. FEI Number 36-2369161		Applied For Not Applicable
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
City PLANTATION					
State FL					
Zip Code 33324					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Jeffrey R. Graves Assistant Secretary Date 12/17/2004 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRES	CHRISTOPHER C. TRAUT	2233 WEST STREET		RIVER GROVE, IL 60171	
TREA	KATHRYN A. STANTON	2233 WEST STREET		RIVER GROVE, IL 60171	
SEC	DENNIS A. MCMAHON	2233 WEST STREET		RIVER GROVE, IL 60171	
DIR	MARK R. LITZSINGER	2233 WEST STREET		RIVER GROVE, IL 60171	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		12/10/04		708 583-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	