
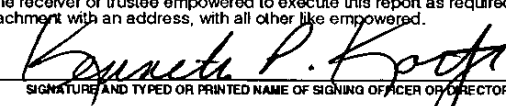


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90046 048 ***150.00

DOCUMENT # F04000001703 1. Entity Name HANDLEMAN CATEGORY MANAGEMENT COMPANY					
Principal Place of Business 500 KIRTS BLVD. TROY, MI 48084			Mailing Address 500 KIRTS BLVD. TROY, MI 48084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-3597387	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete STROME, STEPHEN 500 KIRTS BLVD. TROY, MI 48084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input checked="" type="checkbox"/> Delete CLINE, PETER J 500 KIRTS BLVD. TROY, MI 48084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth P. Kartje 500 Kirts Blvd Troy, MI 48084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete BRAUM, THOMAS C JR. 500 KIRTS BLVD. TROY, MI 48084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, CFO, Treasurer, & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CUMMINGS, RICHARD H 500 KIRTS BLVD. TROY, MI 48084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Corporate Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald M. Genetti 500 Kirts Blvd Troy, MI 48084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHAPPELL, ELIZABETH 500 KIRTS BLVD. TROY, MI 48084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NICHOLSON, JAMES B 500 KIRTS BLVD. TROY, MI 48084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 7/15/05 Daytime Phone # 248-362-4406		

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07122005 Chg-P CR2E034 (10/03)