

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001703

FILED
Apr 10, 2009
Secretary of State

Entity Name: HANDLEMAN CATEGORY MANAGEMENT COMPANY

Current Principal Place of Business:

500 KIRTS BLVD.
TROY, MI 48084

New Principal Place of Business:

Current Mailing Address:

500 KIRTS BLVD.
TROY, MI 48084

New Mailing Address:

FEI Number: 38-3597387

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: CEO () Delete
Name: KOCH, ALBERT A
Address: 500 KIRTS BLVD.
City-St-Zip: TROY, MI 48084

Title: CS () Delete
Name: KARTJE, KENNETH P
Address: 500 KIRTS BOULEVARD
City-St-Zip: TROY, MI 48084

Title: CFO () Delete
Name: HARAM, KHALED
Address: 500 KIRTS BLVD.
City-St-Zip: TROY, MI 48084

Title: VP () Delete
Name: ALBRECHT, MARK J
Address: 500 KIRTS BOULEVARD
City-St-Zip: TROY, MI 48084

Title: VP () Delete
Name: MIZE, GREGORY L
Address: 500 KIRTS BLVD.
City-St-Zip: TROY, MI 48084

Title: VP () Delete
Name: GENOTTI, DONALD M
Address: 500 KIRTS BLVD.
City-St-Zip: TROY, MI 48084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CS (X) Change () Addition
Name: KOKKO, ROZANNE
Address: 500 KIRTS BOULEVARD
City-St-Zip: TROY, MI 48084

Title: CFO (X) Change () Addition
Name: KOKKO, ROZANNE
Address: 500 KIRTS BLVD.
City-St-Zip: TROY, MI 48084

Title: SVP (X) Change () Addition
Name: KOKKO, ROZANNE
Address: 500 KIRTS BOULEVARD
City-St-Zip: TROY, MI 48084

Title: CNTR (X) Change () Addition
Name: GENOTTI, DONALD
Address: 500 KIRTS BLVD.
City-St-Zip: TROY, MI 48084

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

I hereby certify that the information supplied with this filing does not qualify 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: ROZANNE KOKKO

CS

04/10/2009

Electronic Signature of Signing Officer or Director

Date