2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000010

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: HANDLEMAN SERVICES COMPANY

FILED Apr 24, 2008 Secretary of State

		VIVIT OLIVITOLO CONTINUTA				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
500 KIRTS TROY, MI						
Current Mailing Address:			New Maili	New Mailing Address:		
500 KIRTS TROY, MI						
FEI Number	: 38-3597942	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD				
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
		ic Signature of Registered Ag	ent		 Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () SCHMID, THOM 500 KIRTS BLV TROY, MI 4808	D	Title: Name: Address: City-St-Zip:	PRES (SCHMID, THO 500 KIRTS BI TROY, MI 48	LVD	
Title: Name: Address: City-St-Zip:	EVD () BRAUN, THOMA 500 KIRTS BLV TROY, MI 4808	D	Title: Name: Address: City-St-Zip:	CFO (HARAM, KHA 500 KIRTS BI TROY, MI 48	LVD	
Title: Name: Address: City-St-Zip:	CFO () BRAUN, THOM/ 500 KIRTS BLV TROY, MI 4808	D	Title: Name: Address: City-St-Zip:	VP (ALBRECHT, N 500 KIRTS BI TROY, MI 48	LVD	
Title: Name: Address: City-St-Zip:	D () KOCH, ALBERT 500 KIRTS BLV TROY, MI 4808	D	Title: Name: Address: City-St-Zip:	VP (MIZE, GREGO 500 KIRTS BI TROY, MI 48	LVD	

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: KENNETH P KARTJE SEC 04/24/2008

() Delete

() Delete

LUND, RONNIE W

500 KIRTS BLVD

TROY, MI 48084

500 KIRTS BLVD

TROY, MI 48084

KARTJE, KENNETH P

(X) Change () Addition

(X) Change () Addition

GENOTTI, DONALD M

KARTJE, KENNETH P

500 KIRTS BLVD

TROY, MI 48084

500 KIRTS BLVD

TROY, MI 48084

SEC