

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000145 (4)

1. Corporation Name  
OFFICEMAX, INC.

Principal Place of Business  
P.O. BOX 22500  
CLEVELAND OH 44122

Mailing Address  
P.O. BOX 22500  
CLEVELAND OH 44122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-1573735	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEUER, MICHAEL			1.2 NAME			
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SHAKER HEIGHTS OH 44122			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCANN, JAMES			2.2 NAME			
STREET ADDRESS	3605			2.3 STREET ADDRESS	3605 WARRENSVILLE CENTER RD		
CITY-ST-ZIP	SHAKER HEIGHTS OH			2.4 CITY-ST-ZIP	SHAKER HEIGHTS OH 44122		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLICKMAN, CARL			3.2 NAME			
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SHAKER HEIGHTS OH			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, SYDELL			4.2 NAME			
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	SHAKER HEIGHTS OH			4.4 CITY-ST-ZIP			
TITLE	EVPT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CORNELL, EDWARD			5.2 NAME	VS POLLOCK ROSS		
STREET ADDRESS	3605 WARRENSVILLE CENTER ROAD			5.3 STREET ADDRESS	3605 WARRENSVILLE CENTER RD.		
CITY-ST-ZIP	SHAKER HEIGHTS OH			5.4 CITY-ST-ZIP	SHAKER HEIGHTS OH 44122		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUTHERFORD, JEFFREY			6.2 NAME			
STREET ADDRESS	3605 WARRENSVILLE CNT RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	SHAKER HEIGHTS OH			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jeffrey Rutherford* 3-20-98 216-921-6900

CR2E034 (10/97)