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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90015 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002441

1. Corporation Name

NATIONAL BOOK WAREHOUSES, INC.



Principal Place of Business  
NATIONAL MERCHANTS  
1375 JERSEY AVE  
NO. BRUNSWICK NJ 08902  
US

Mailing Address  
1375 JERSEY AVENUE  
NO. BRUNSWICK NJ 08902  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1993

4. FEI Number

62-1403402

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5915 CASEY DR.  
Suite, Apt. #, etc.

22

City & State

23 KNOXVILLE TN

Zip

24 37909

Country

25 USA

2a. Mailing Address

26 5915 CASEY DR.  
Suite, Apt. #, etc.

27

City & State

28 KNOXVILLE TN

Zip

29 37909

Country

30 USA

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

TITLE CFO  
NAME LUBIN, NANCY  
STREET ADDRESS 1375 JERSEY AVE  
CITY-ST-ZIP N BRUNSWICK NJ  
☒ DELETE

TITLE P  
NAME HINKLE, DAVID  
STREET ADDRESS 5915 CASEY DR  
CITY-ST-ZIP KNOXVILLE TN  
☐ DELETE

TITLE VP  
NAME BROWN, RAY  
STREET ADDRESS 1375 JERSEY AVE  
CITY-ST-ZIP N BRUNSWICK NJ  
☒ DELETE

TITLE VP  
NAME MINCEY, MICHAEL  
STREET ADDRESS 5915 CASEY DR  
CITY-ST-ZIP KNOXVILLE TN  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO  
1.2 NAME EDWARD A. ERDMANN III  
1.3 STREET ADDRESS 5915 CASEY DR.  
1.4 CITY-ST-ZIP KNOXVILLE TN 37909  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0556453