# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# F94000003274

**Entity Name:** FOLLETT CORPORATION

**Current Principal Place of Business:**

801 CHURCH LANE
EASTON, PA 18040

**New Principal Place of Business:**

**Current Mailing Address:**

801 CHURCH LANE
EASTON, PA 18040

**New Mailing Address:**

**FEI Number: 22-1635318** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARR, EDWARD G
19828 GULF BLVD
INDIAN SHORES, FL 33785 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: | CPD | ( ) Delete |
| Name: | FOLLETT, STEVEN R | |
| Address: | 3345 BEAUFORT DRIVE | |
| City-St-Zip: | BETHLEHEM, PA 18017 US | |
| Title: | D | ( ) Delete |
| Name: | RHODENBAUGH, JEFFREY P | |
| Address: | 371 TWIN OAKS DRIVE | |
| City-St-Zip: | SPARTENBURG, SC 29306 | |
| Title: | DS | ( ) Delete |
| Name: | CORNELL, ANDREW H | |
| Address: | 351 SUNSET ROAD | |
| City-St-Zip: | MOUNTAINTOP, PA 18707 US | |
| Title: | D | ( ) Delete |
| Name: | NELSON, J S | |
| Address: | 860 SILVERTHORNE TRAIL | |
| City-St-Zip: | HIGHLAND VILLAGE, TX 75077 | |
| Title: | VD | ( ) Delete |
| Name: | BRYSON, ROBERT R JR | |
| Address: | 3445 CHIPMAN ROAD | |
| City-St-Zip: | EASTON, PA 18045 | |
| Title: | DS | ( ) Delete |
| Name: | SWOYER, SAMUEL | |
| Address: | PO BOX 87, HIGHWAY 13, #10280 | |
| City-St-Zip: | PORT WING, WI 54865 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: CINDY TONE MGR 03/19/2009

Electronic Signature of Signing Officer or Director — Date