

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # F95000000719 (3)

1. Corporation Name

ACADEMY BOOK STORE, INC.

Principal Place of Business

ONE N STATE ST., #400
CHICAGO IL 60602

Mailing Address

ONE N STATE ST., #400
CHICAGO IL 60602

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

4. FET Number

36-3247292

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEMS, INC.
1201 HAYS T., #105
TALLAHASSEE FL 32301

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 607.1502, 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 Agent or Registered Agent

Printed Name of Agent or Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	STEIN, CLEM JR	
STREET ADDRESS	74 E. ELM	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	POWELL, DAVID	
STREET ADDRESS	1575 LEABROOK	
CITY-STATE-ZIP	WHEATON IL	
TITLE	STD	☐ DELETE
NAME	RUTSTEIN, LEONARD	
STREET ADDRESS	8812 LOWELL TERRACE	
CITY-STATE-ZIP	SKOKIE IL	
TITLE	D	☐ DELETE
NAME	KING, THOMAS	
STREET ADDRESS	115 E. BELLEVUE	
CITY-STATE-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/96

(312) 541-3910

Do Not Remove

CR2E034 (12/95)