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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000001526

1. Corporation Name

LN INIE	ANATIONAL BOOK COMPAN					
Principal Place	e of Business	Mailing Address				
1436 W. RANDOLPH ST.		1436 W. RANDOLPH ST.				
CHICAGO IL 60	6 07	CHICAGO IL 60607			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					03/25/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			36-3890174 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of Status Busilied Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax	
24	25	29 36	<u> </u>		Personal Property Tax.	
	9. Name and Address of Curren	r Kedistered Adeur	81	Name		
COR	PORATION SERVICE COMPANY					
1201 HAYS STREET			82	2 Street Address (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32301-2525		83	1		
	Ł		84	City	FL 85 Zip Code	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligated	of Florida, Such change was suff	innized by	the com-	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re		nt signature r	re required when reinstating) DATE	
12,	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SCHREIBSTEIN, BARRY		1.2 NÄME			
STREET ADDRESS	1800 HYBERNIA DR.			T ADDRESS	is	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	DELETE	1.4 CITY-S	T-ZIP	MChange ☐ Addition	
TITLE	DVT	□ nere ie	2.1 TITLE		Wais Michael B.	
NAME	WEISS, MICHAEL B 305 BEL AIR DR.		2.2 NAME	TADDRESS		
STREET ADDRESS	GLENVIEW IL 60025		t .		" GILVIER IL 64092	
CITY-ST-ZIP	DS	☐ DELETE	2.4 CITY-S 3.1 TITLE	SI-ZIP	Change Addition	
NAME	BROWN, JANICE B	<u></u>	3.2 NAME			
STREET ADDRESS	TOTAL MOOTHED AVE			TADDRESS	25	
CITY-ST-ZIP	LINCOLNWOOD IL 60646-1921		3.4. CITY-S			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS	ss	
CITY-ST-ZIP			4.4 C/TY-S	T-ZIP		
TITLE	··		5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS	is	
CITY-ST-ZIP .		 	5.4 CITY+S	T-ZIP		
TITLE (E)	18, 4 . 3	DELETE	6.1 TITLE		☐ Change ☐ Addition	
MANG .	l		6.2 NAME		- I	

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 so an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90045 044 ***150.00