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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000003813 (9)

ENCYCLOPAEDIA BRITANNICA, INC.

Principal Place of Business

Mailing Address

FILED Feb 19 1998 8:00am Secretary of State



(312)

310 SOUTH I CHICAGO IL	MICHIGAN AVE.	310 SOUTH MICHIGAN AN CHICAGO IL 80604	/E.		DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 07/22/1997	SPACE
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			36-1042995	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
25 29 29 . Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
G 1	T CORPORATION SYSTEM	t tiogistored Agent	- 1	31 Name	ID. Haille and Addiess of New Yorkstolog	- None
1200 SOUTH PINE ISLAND ROAD						
PLANTATION FL 33324]1	Street Add	lress (P.O. Box Number is Not Acceptable)	
			T T	13		
			<u> </u>			·1
			Į,	14 City	FL	65 Zip Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flor	s, the about horized rida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable. (NOTE	Hegislered	Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	C	☐ DELETÉ	1.1 TITL	E		☐ Change ☐ Addition
NAME	SAFRA, JACOB E		1.2 NAM	IE		
STREET ADDRESS	310 S. MICHIGAN AVE.		1.3 STR	EET ADDRESS	•	
CITY-ST-ZIP	CHICAGO IL 60604		-	-ST-ZIP		
THTLE	DOEO CONSTANTINE	☐ DELETE	2.1 TITL			Change Addition
NAME	YANNIAS, CONSTANTINE 310 SOUTH MICHIGAN AVE.		2.2 NAM	_		
STREET ADDRESS	CHICAGO IL 60604			ET ADDRESS		
CITY-ST-ZIP	VC00 DELETE		2. 4 CIT 3.1 TITL	r-ST-ZiP		Change Addition
TITLE	GOULKA, JAMES E		3.2 NAM			C Outside
NAME STREET ADDRESS	423 CUMNOR RD.			ET ADDRESS		
CITY-ST-ZIP	KENILWORTH IL 60043			(-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 L			Change Addition
NAME	BOWE, WILLIAM J		4. 2. h	AE		
STREET ADDRESS	2422 COLONY COURT		4.3 R	ET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL 60062		4.4 C TY	- ST - ZIP		
TITLE	VT	☐ DELETE	5.1 TITL			Change Addition
NAME	SINSHEIMER, JOHN D		5.2 NAM	E		
STREET ADDRESS	2836 SUGAR PINE CIRCLE		5.3 STR	ET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL 60062	Deserte	_	-ST- Z IP		Change Address
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAV			
STREET ADDRESS				ET ADDRESS		
City-St-ZiP	certify that the information supplied wi	th this filing does not qualify for		-ST-ZIP notion stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
indicated	on this annual report or supplementa	Langual report is true and accur	rate and	that my sionatu	ure shall have the same legal effect as if made un uired by Chapter 607, Florida Statutes; and that r	der oath: that I am an