

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005052

FILED
Feb 06, 2004
Secretary of State

Entity Name: ESSELTE CORPORATION

Current Principal Place of Business:

48 SOUTH SERVICE RD.
SUITE 400
MELVILLE, NY 117472340

Current Mailing Address:

48 SOUTH SERVICE RD.
SUITE 400
MELVILLE, NY 117472340

New Principal Place of Business:

48 SOUTH SERVICE RD.
SUITE 400
MELVILLE, NY 117472340 US

New Mailing Address:

48 SOUTH SERVICE RD.
SUITE 400
MELVILLE, NY 117472340 US

FEI Number: 11-0556950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301 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: CP () Delete
Name: LYNCH, JAMES
Address: 48 S. SERVICE RD. STE. 400
City-St-Zip: MELVILLE, NY 11747

Title: SD () Delete
Name: O'CONNOR, JOHN J
Address: 48 S. SERVICE RD. SE. 400
City-St-Zip: MELVILLE, NY 11747

Title: T () Delete
Name: DALY, KEN
Address: 48 S. SERVICE RD. SE. 400
City-St-Zip: MELVILLE, NY 11747

Title: SLVP () Delete
Name: LYNCH, JAMES
Address: 48 S. SERVICE RD. SE. 400
City-St-Zip: MELVILLE, NY 11747

Title: V () Delete
Name: LEONARD, THOMAS
Address: 48 S. SERVICE RD. SE. 400
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: LYNCH, JAMES
Address: 48 S. SERVICE RD. STE. 400
City-St-Zip: MELVILLE, NY 11747 US

Title: SD (X) Change () Addition
Name: O'CONNOR, JOHN J
Address: 48 S. SERVICE RD. SE. 400
City-St-Zip: MELVILLE, NY 11747 US

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 for the exemption stated in Section 119.07(3)(i), 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: THOMAS LEONARD

VP

02/06/2004

Electronic Signature of Signing Officer or Director

Date