Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000005395

1. Corporation Name

WALDEN BOOK COMPANY, INC.

| Princ | ipal Place | of Business |
|-------|------------|-------------|
| PO BO | OX 7069 | |

2. Principal Place of Business

ANN ARBOR MI 48107-7069

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PO BOX 7069

ANN ARBOR MI 48107-7069

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FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90307 034 ***150.00



| DO NOT | WRITE | IN | THIS | SPACE |
|--------|-------|----|------|-------|

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

09/25/1998

06-0632389

4. FEI Number

| 23 Ann A | EDAR MI 28 | _ | Trust Fund Contribution Added to Fees | | | |
|---|---|------------------------------|--|--|--|--|
| Zip | Country // Zip | Country | 8. This corporation owes the current year Intangible | | | |
| 24 48/0 | 25 (25) (29) 29 30 | _ | Personal Property Tax. | | | |
| | Name and Address of Current Registered Agent | 81 Name | 10. Name and Address of New Registered Agent | | | |
| A A A A B A A T A L A L A L A L A L A L A L A L A | | | | | | |
| C T CORPORATION SYSTEM | | 82 Street Ac | ddress (P.O. Box Number is Not Acceptable) | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| PLANTATION FL 33324 | | 83 | 1 | | | |
| , se to 1/2 | | 84 City | FL 85 Zip Code | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable. (NOTE: Re | gistered Agent signature red | uired when reinstating) DATE | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | CEOD DELETE | 1.1 TITLE | ∑ Change ☐ Addition | | | |
| NAME | DIROMUALDO, ROBERT F | 1.2 NAME | 01 | | | |
| STREET ADDRESS | 500 E. WASHINGTON ST. | 1.3 STREET ADDRESS | 100 Phoenix DRIVE JALE | | | |
| CITY-ST-ZIP | ANN ARBOR MI 48104 | 1.4 CITY-ST-ZIP | 100 Phoen's DRIVE Ann ARbor, MJ 48108 | | | |
| TITLE | VCD DELETE | 2.1 TITLE | Change □ Addition | | | |
| NAME | MRKONIC, GEORGE R | 2.2 NAME | 100 PLOENIX DRIVE | | | |
| STREET ADDRESS | 2558 KENT RIDGE COURT | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | BLOOMFIELD HILLS MI 48301 | 2. 4 CITY-ST-ZIP | Ann ARbox, MI 48108 Michaga Addition | | | |
| TITLE | VC . DELETE | 3.1 TITLE | Change ☐ Addition | | | |
| NAME | OUINNELL, BRUCE A | 3.2 NAME | 100 PhoENIX DRIVE | | | |
| STREET ADDRESS | 1481 WATERWAY DRIVE | 3.3 STREET ADDRESS | 100 1 NOSIUL DRIYE | | | |
| CTTY-ST-ZIP | ANN ARBOR MI 48108 | 3.4. CITY-ST-ZIP | An Arbor, MI 48/08 Michange Addition | | | |
| TITLE | P DELETE | 4.1 TITLE | ∑ Change □ Addition | | | |
| NAME | WINKELHAUS, KATHRYN L | 4. 2 NAME | 100 Phoenix Drive. | | | |
| STREET ADDRESS | 328 ROLLING MEADOWS | 4.3 STREET ADDRESS | · —. · • | | | |
| CITY-ST-ZIP | ANN ARBOR MI 48103 | 4.4 CITY-ST-ZIP | Ann Arbor, MT 48108 | | | |
| TITLE | V DELETE | 5.1 TITLE | Change □ Addition | | | |
| NAME | HOPKINS, TIMOTHY J | 5.2 NAME | 0. / / / | | | |
| STREET ADDRESS | 55 GUNTHER GARDEN | 5.3 STREET ADDRESS | 100 PLOENIX DRIVE 48108 WAN PREOR, MIT 48108 Change Addition | | | |
| CITY-ST-ZIP | SALINE MI 48175 | 5.4 CITY+ST-ZIP | ANN ARBOR, MI 48108 | | | |
| TITLE | V | 6.1 TITLE | 100 Phoenix DRIVE Change Addition | | | |
| NAME | HINES, MICHELLE T | 6.2 NAME | in Phosnix DRIVS | | | |
| STREET ADDRESS | 4596 COTTONWOOD DRIVE | 6.3 STREET ADDRESS | 100 1 100 100 | | | |
| CITY-ST-ZIP | ANN ARBOR MI 48108 | 6.4 CITY+ST-ZIP | AND NRBOR, MIZ 48/08 | | | |
| 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 on an attachment with an address, with all other like empowered. | | | | | | |