2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005395

Name:

Address:

City-St-Zip:

100 PHOENIX DR

ANN ARBOR, MI 48108

Entity Name: WALDEN BOOK COMPANY, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 PHOENIX DR ANN ARBOR, MI 48108 US **Current Mailing Address: New Mailing Address:** PO BOX 7069 ANN ARBOR, MI 481087069 FEI Number: 06-0632389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDP () Delete Title: (X) Change () Addition JONES, GEORGE L MARSHALL, RON Name: Name: 100 PHOENIX DR 100 PHOENIX DR Address: Address: ANN ARBOR, MI 48108 City-St-Zip: City-St-Zip: ANN ARBOR, MI 48108 Title: Title: () Delete (X) Change () Addition BIERLEY, MARK R Name: WILHELM, EDWARD W Name: 100 PHOENIX DR 100 PHOENIX DR Address: Address: ANN ARBOR, MI 48108 City-St-Zip: ANN ARBOR, MI 48108 City-St-Zip: Title: () Delete Title: () Change () Addition JACKSON, EDWARD J Name: Name: 100 PHOENIX DR Address: Address: City-St-Zip: ANN ARBOR, MI 48108 City-St-Zip: Title: () Delete Title: () Change () Addition CARNEY, THOMAS D

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: EDWARD J JACKSON 04/27/2009