

**2007 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 043 ****50.00

DOCUMENT # M05000002460

1. Entity Name

THE ZONDERVAN CORPORATION L.L.C.



Principal Place of Business

5300 PATTERSON AVENUE SE
GRAND RAPIDS, MI 49530

Mailing Address

5300 PATTERSON AVENUE SE
GRAND RAPIDS, MI 49530

60054005



07242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2572547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
FRIEDMAN, JANE
10 EAST 53RD STREET
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
SALVI, MICHAEL
10 EAST 53RD ST
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOO
D'AGNES, GLENN
10 EAST 53RD STREET
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GERVASIO, JANET
10 EAST 53RD STREET
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
GOFF, CHRISTOPHER
10 EAST 53RD STREET
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~VAG~~
~~TOBREGER JAMES~~
~~10 EAST 53RD STREET~~
~~NEW YORK, NY 10022~~

DELETE

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-25-07

Date

570-941-1366

Daytime Phone #