


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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|---|---|--|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1996</b>  |   |         |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # P34594 (2)</b><br>1. Corporation Name<br><b>WORLD BOOK, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>28800 CLEMENS ROAD<br/>WESTLAKE OH 44145</b>  |   |  | Mailing Address<br><b>28800 CLEMENS ROAD<br/>WESTLAKE OH 44145</b> |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>07/08/1991</b><br>3a. Date of Last Report<br><b>05/01/1995</b><br>4. FEI Number<br><b>36-2364281</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |   |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 _____<br>Signature typed or printed (name of registered agent and, if not applicable, (20) E. Registered Agent) signature required when re-registering _____ DATE _____   |   |  |  |   |  |
| 12. OFFICERS AND DIRECTORS  |   |  |  |   |  |
| TITLE   | CD  | <input type="checkbox"/> DELETE  |  |   |  |
| NAME  | SCHEY, RALPH E.   |  |  |   |  |
| STREET ADDRESS  | 28800 CLEMENS ROAD  |  |  |   |  |
| CITY-STATE-ZIP  | WESTLAKE OH   |  |  |   |  |
| TITLE   | PD  | <input type="checkbox"/> DELETE  |  |   |  |
| NAME  | SEMELSBERGER, KENNETH J.  |  |  |   |  |
| STREET ADDRESS  | 28800 CLEMENS ROAD  |  |  |   |  |
| CITY-STATE-ZIP  | WESTLAKE OH   |  |  |   |  |
| TITLE   | V   | <input checked="" type="checkbox"/> DELETE   |  |   |  |
| NAME  | MEDFORD, C. L.  |  |  |   |  |
| STREET ADDRESS  | 23901 AURORA RD.  |  |  |   |  |
| CITY-STATE-ZIP  | BEDFORD HTS. OH   |  |  |   |  |
| TITLE   | VT  | <input type="checkbox"/> DELETE  |  |   |  |
| NAME  | STEPHANS, WM. W. T.   |  |  |   |  |
| STREET ADDRESS  | 28800 CLEMENS ROAD  |  |  |   |  |
| CITY-STATE-ZIP  | WESTLAKE OH   |  |  |   |  |
| TITLE   | VPAS  | <input type="checkbox"/> DELETE  |  |   |  |
| NAME  | HAMBURG, MARC D.,   |  |  |   |  |
| STREET ADDRESS  | 1440 KIEWIT PLAZA   |  |  |   |  |
| CITY-STATE-ZIP  | OMAHA NE 68131  |  |  |   |  |
| TITLE   | S   | <input type="checkbox"/> DELETE  |  |   |  |
| NAME  | GUSTER, TIMOTHY,  |  |  |   |  |
| STREET ADDRESS  | 28800 CLEMENS ROAD  |  |  |   |  |
| CITY-STATE-ZIP  | WESTLAKE OH   |  |  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |  |  |   |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |  |
| 1.2 NAME  |   |  |  |   |  |
| 1.3 STREET ADDRESS  |   |  |  |   |  |
| 1.4 CITY-STATE-ZIP  |   |  |  |   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |  |
| 2.2 NAME  |   |  |  |   |  |
| 2.3 STREET ADDRESS  |   |  |  |   |  |
| 2.4 CITY-STATE-ZIP  |   |  |  |   |  |
| 3.1 TITLE   | VGM   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |   |  |
| 3.2 NAME  | MONAGHAN, T.  |  |  |   |  |
| 3.3 STREET ADDRESS  | 101 NORTHWEST POINT BLVD.   |  |  |   |  |
| 3.4 CITY-STATE-ZIP  | ELK GROVE VILLAGE, IL 60007                                       |  |  |   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |  |
| 4.2 NAME  |   |  |  |   |  |
| 4.3 STREET ADDRESS  |   |  |  |   |  |
| 4.4 CITY-STATE-ZIP  |   |  |  |   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |  |
| 5.2 NAME  |   |  |  |   |  |
| 5.3 STREET ADDRESS  |   |  |  |   |  |
| 5.4 CITY-STATE-ZIP  |   |  |  |   |  |
| 6.1 TITLE   | VS  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |   |  |
| 6.2 NAME  |   |  |  |   |  |
| 6.3 STREET ADDRESS  |   |  |  |   |  |
| 6.4 CITY-STATE-ZIP  |   |  |  |   |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DSH

Exp

Outgoing Phone #

CR2E034 (12/95)

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WORLD BOOK, INC.  
ADDITIONAL OFFICER'S LIST

JOHN GRETТА  
Assistant Treasurer  
28800 Clemens Road  
Westlake, Ohio 44145

JUDY A. FOX  
Assistant Secretary  
28800 Clemens Road  
Westlake, Ohio 44145