

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34594 (2)
1. Corporation Name
WORLD BOOK, INC.



Principal Place of Business
28800 CLEMENS ROAD
WESTLAKE OH 44145

Mailing Address
28800 CLEMENS ROAD
WESTLAKE OH 44145-1134

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1991		3a. Date of Last Report 04/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-2364281		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHEY, RALPH E.			1.2 NAME			
STREET ADDRESS	28800 CLEMENS ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	WESTLAKE OH			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEMELSBERGER, KENNETH J.			2.2 NAME			
STREET ADDRESS	28800 CLEMENS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	WESTLAKE OH			2.4 CITY-ST-ZIP			
TITLE	VGM	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONAGHAN, T			3.2 NAME			
STREET ADDRESS	101 NW POINT BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ELK GROVE VILLAGE IL			3.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHANS, WM. W. T.			4.2 NAME			
STREET ADDRESS	28800 CLEMENS ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WESTLAKE OH			4.4 CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMBURG, MARC D.,			5.2 NAME			
STREET ADDRESS	1440 KIEWIT PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE 68131			5.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUSTER, TIMOTHY,			6.2 NAME			
STREET ADDRESS	28800 CLEMENS ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	WESTLAKE OH			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. GRETA

Date

4/29/97

Daytime Phone #

(216) 892-3000

0478532

CR2E034 (9/96)

CONTINENTAL CLAIMS, INC.

FEIN#: 34-1701993

DIRECTORS

LANCE D. HUNTER

**100 EAST CAMPUS VIEW BLVD., SUITE 240
COLUMBUS, OHIO 43235**

TIMOTHY S. GUSTER

**28800 CLEMENS ROAD
WESTLAKE, OHIO 44145**

**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