FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38517** **(9)**

1. Current Name
VANCE PUBLISHING CORPORATION

Principal Place of Business
400 KNIGHTSBRIDGE PARKWAY
LINCOLNSHIRE IL 60069

Mailing Address
400 KNIGHTSBRIDGE PARKWAY
LINCOLNSHIRE IL 60069

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **04/21/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

26 Mailing Address
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

4. FEI Number: **36-1905963**
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 607.1505, 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 (Typed signature of new registered agent required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	C	☐ Change ☐ Addition
1 NAME	VANCE, WILLIAM C.	
1 STREET ADDRESS	400 KNIGHTSBRIDGE PKWY	
1 CITY ST ZIP	LINCOLNSHIRE IL	
2 TITLE	AS	☐ Change ☐ Addition
2 NAME	MULLANEY, LOIS	
2 STREET ADDRESS	400 KNIGHTSBRIDGE PARKWAY	
2 CITY ST ZIP	LINCOLNSHIRE IL 60069	
3 TITLE	P	☐ Change ☐ Addition
3 NAME	STAUDT, JAMES J.	
3 STREET ADDRESS	400 KNIGHTSBRIDGE PKWY	
3 CITY ST ZIP	LINCOLNSHIRE IL	
4 TITLE	VAS	☐ Change ☐ Addition
4 NAME	VANCE, DOROTHY J.	
4 STREET ADDRESS	400 KNIGHTSBRIDGE PKWY	
4 CITY ST ZIP	LINCOLNSHIRE IL	
5 TITLE	VT	☐ Change ☐ Addition
5 NAME	KAY, WALTER A.	
5 STREET ADDRESS	400 KNIGHTSBRIDGE PKWY	
5 CITY ST ZIP	LINCOLNSHIRE IL	
6 TITLE	VP	☐ Change ☐ Addition
6 NAME	Michael H. Hurst	
6 STREET ADDRESS	400 Knightsbridge Pkwy	
6 CITY ST ZIP	Lincolnshire, IL	

14. I do hereby certify that the information supplied with this report is absolutely true and correct and 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 the 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 added to the report with an address.

SIGNATURE: [signature] 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0488382 FP