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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997	PORT Secretary of State DIVISION OF CORPOR				Secretar	Secretary of State			
1	MENT # P3920 BAILEY, INC.	08 (4)			 					
Principal Place of Business 29601 EULLID AVE. WICLIFFE OH 44092		29801 EULLID AVE.	Mailing Address 29901 EULLID AVE. WICLIFFE OH 44092-1832		r indurinder und recets ellend eratif Salat erer Anbri midit arder Albeit inder					
						3. Date Incorporated or Qualified 06/10/1992	3a. Date of Last Ri 05/01/1996	eport		
F	iace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For		
21 Contro Ard	A patri	Suite, Apt. #, etc.				38-1911942		t Applicable		
Suite, Apt 22	#, thg.	27				5. Certificate of Status Desired	□ \$8.75 A			
City & State)	City & State				6. Election Campaign Financing	\$5.00			
23		28				Trust Fund Contribution	Added t			
Zip	Country	Zip	 	untry		8. This corporation has liability for in	ntangible tax under s. Yes 🔲 No	. 199.032,		
24	9. Name and Address of Ci	29 urrent Registered Agent	30	Т		Florida Statutes 10. Name and Address of New Reg				
СТ	CORPORATION SYSTEM		****	81	Name					
	SOUTH PINE ISLAND ROA	D		82	Street	Address (P.O. Box Number is Not Acceptable	<u></u>			
	NTATION FL 33324				- Direct	Todaes (1.0. Dex Hamber is Not Acceptable				
				83				ĺ		
(84	City		- 85 Zip (Code		
N. Durantant	k, the previous of Sections 603	7 0502 and 607 1508 Florida Sta	tutos the s	how	namad	corporation submits this statement for the pu	FL 65 Zip (e registered		
office or re	eaistered agent, or both, in the (State of Florida, Such change was obligations of, Section 607.0505,	s authorize	d by	the con	corporation's statings this statement for the proporation's board of directors. Thereby accept	the appointment as	registered		
SIGNATURE	Storiation, Typed or printed name of register	ed arrest and title flare/leable (N	IOTE Benislere	nd Ane	ol signature	required when reinstating)	DATE			
12.	·	S AND DIRECTORS	13.	7470	- Congression	ADDITIONS/CHANGES TO OFFICE		IS IN 12		
Titu?	V	DELETE	1.13	ITLE			Change	Addition		
NAME	CANNATELLI, V		1.2 Å	IAME				1		
STELL: ADDRESS	30100 CHAGRIN BLVDSTE	101	1.3 \$	TREFT	ADDRESS					
CHY-51 20F	PEPPER PIKE OH	DELETE		ITY-S	1-ZIP		[] (hana)	Laure		
TILF	ZAHARNA, M.N.	☐ DELETE	2.11				Change	Addition		
NAME STREET ADDRESS	37259 HARLON DRIVE		2.2 h		ADDRESS			ļ		
CHY SI AR	WILLOUGHBY OH			CITY-S						
TILLE	V	DELETE	3.1 1				Change	Addition		
NAME	WOOLBERT, G.		3.2 N	IAME				ļ		
STREET ADDIRESS	6858 BURGUNDY NW		3.3 \$	TREET	ADDRESS					
CHY-ST 7-P	N. CANTON OH			CITY - S	ST-ZIP					
101.0	S SANTO, MARK V.	☐ DELETE	4.1 7				Change	Addition		
NAME STREET ADDRESS	8779 PHEASANT LANE		- 8	NAME	ADORESS			ļ		
CHY-SL ZIF	KIRTLAND OH			OITY-S		SEE ATTACHED LIST	e e	Ì		
11'11		DELETE		IITLE		Assistant Secretary	Change	X Addition		
NAME	1		5.2 N	IAME		Kroll, Catherine A.		1		
STREET ADJRESS			5.3 \$	STREET	ADDRESS	29801 Euclid Ave.		Î		
CHY SI 70°				ITY-S	T-ZIP	Wickliffe, Ohio 44092	—	[V0]		
1016		DELETE	•	ITLE		Tax Officer	Change	X Addition		
NAME				NAME	405-5	Kuhrt, Michele				
STREET ADDRESS	i.		6.3 \$	STREET	ADDRESS	29801 Euclid Ave.				

6.40IY-ST-ZIP Wickliffe, Ohio 44092

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 arm 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 Sight 3.1 chapter 60 on an anatoment with an address.

SIGNATURE:

Daytin is Phone #

FILED

Apr 21 1997 8:00am

0476910

Elsag Bailey, Inc. Officer and Director Listing February 14, 1997

Directors

Name	Title	Business Address
Vincenzo Cannatelli	Director	29801 Euclid Ave. Wickliffe OH 44092
Mike N. Zaharna	Director	29801 Euclid Avenue Wickliffe OH 44092
David W. Norgard	Director	29801 Euclid Avenue Wickliffe OH 44092
Mark V. Santo	Director	29801 Euclid Avenue Wickliffe OH 44092

Officers

Name	Title	Business Address
Vincenzo Cannatelli	Managing Director and Chief Executive Officer	29801 Euclid Ave. Wickliffe OH 44092
Mike N. Zaharna	Group Executive Vice President	29801 Euclid Avenue Wickliffe OH 44092
David W. Norgard	Group Vice President, Human Resources	29801 Euclid Avenue Wickliffe OH 44092
Mark V. Santo	Group Vice President and General Counsel and Secretary	29801 Euclid Avenue Wickliffe OH 44092
William Donnelly	Group Vice President and Chief Financial Officer	29801 Euclid Avenue Wickliffe OH 44092
George W. Hawk	Assistant Secretary	29801 Euclid Avenue Wickliffe OH 44092
Catherine A. Kroll	Assistant Secretary	29801 Euclid Avenue Wickliffe OH 44092
Michele Kuhrt	Tax Officer	29801 Euclid Avenue Wickliffe OH 44092

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997 JMENT # F9300(ERS BOOK SHOPS, INC.	and the second s	CORPORATIONS			LAL VLAL
Principal Pla	ace of Business	Mailing Address		TOBUILD TO THE TIME TO THE TOTAL STATE STA	ed ah daibe mada d aibe akan k	
100 Phoenix Drive Ann Arbor Mi 48108 Us		P.O. BOX 7069 ANN ARBOR MI 48107-7(US	069			
03		00		3. Date Incorporated or Qualified 08/10/1993	3a. Date of Last Rep 04/17/1996	port
··· າ	Place of Business	2a. Mailing Address		4. FEI Number	J	lied For
11	A 41	26	744 ,744 ,744	38-2104285		Applicable
Suite, Ap	≥t #, €tC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 AC	
City & St	ate:	Cily & State		6. Election Campaign Financing	\$5.00 N	
3]		28		Trust Fund Contribution	Added to	•
Zφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 1	199.032.
4	25	29	30		Yes No	
	9. Name and Address of Curre	ent Registerød Agent	81 Name	10. Name and Address of New Re	gistered Agent	
12	T CORPORATION SYSTEMS 200 S. PINE ISLAND ROAD LANTATION FL 33324		<u> </u>	ress (P.O. Box Number is Not Acceptab	le)	
			84 City		FL 85 Zip Co	ode
agent I SIGNATURI	Lam faniinar with, and accept the oblig E Sgrieve spects punted name or egotional a	gations of, Section 607.0505, F	TE: Registered Agent signature requ	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
12. Id.£	DPC	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	FLANAGAN, RICHARD		1,2 NAME			
STREET ADDRES	ALL ALLINIAND AT		1.3 STREET ADDRESS			
CITY-ST ZIP	ANN ARBOR MI		1.4 CHY-ST-ZIP			
1016	V	DELETE	2.1 TITLE		Change	Addition
NAME	WILHELM, EDWARD W.		2.2 NAME			
STREET ADDRES	1		23 STREET ADDRESS			
CHY ST 714	ANN ARBOR MI	DELETE	2. 4 CITY-ST-ZIP	Co.	Change .	Addition
†-{L}	AT DOUGLAS D. AGOSTINO	L DELETE	3.1 TITLE 3.2 NAME		☐ Change	L ADDIGO
NAME STREET ALDERS	444 BLACEAUV BB		3.2 NAME 3.3 STREET ADDRESS			
SIDUCINGATIO			DIO DINICEI ADDINEOS			
DITY SELZIP	ANN ARBOR MI		3.4 CITY-ST-7IP			
	ANN ARBOR MI VP	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
THILF	VP ALTRUDA, VINCENT L	DELETE		1	Change	Addition
CHY-ST-74P THILE NAME STHEET ADDRESS	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD.] DELETE	4.1 TITLE		Change	Addition
CHY-S1-Z#	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
THEE NAME STHEET ACCORES CHY-SE-ZIP THEE	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		Change	
THILE NAME STHEET ACCORES CHY-ST-ZIF THILE NAME	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D ROBERT F. DEROMUALOD		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME			
THEE NAME SHEET ADDRES CHY-ST-ZIF THEE NAME SHREET ADDRES	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D ROBERT F. DEROMUALOD 500 EAST WASHINGTON		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
TITLE NAME STHEET ACORES CHY-SE-ZIF TUTE NAME STREET ACORES CHY-SE-ZIF	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D ROBERT F. DEROMUALOD	DELETE	4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5 2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change	Addition Addition
TITLE NAME STREET ADDRES CITY SE-ZIP TITLE NAME STREET ADDRES CITY ST-ZIP TITLE	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D ROBERT F. DEROMUALOD 500 EAST WASHINGTON		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE			
THEE NAME STHEEL ACORES CHY-SE-ZIP THEE NAME STREEL ACORES CHY-SE-ZIP THEE NAME	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D ROBERT F. DEROMUALOD 500 EAST WASHINGTON ANNARBOR MI	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change	Addition
THLE NAME STREET ACORES CHY-ST-ZP THLE NAME STREET ACORES CHY-ST-ZP THLE	VP ALTRUDA, VINCENT L 727 AIRPORT BLVD. ANN ARBOR MI 48108 D ROBERT F. DEROMUALOD 500 EAST WASHINGTON ANNARBOR MI	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Change	Addition

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: () OE LOS) CON LOS SIGNING OFFICER OR DIRECTO

Douglas D'Agostino

4-11-97

(313)973-4630

0480143