

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844187** (5)

1. Corporation Name
HANDLEMAN COMPANY

Principal Place of Business Mailing Address
500 KIRTS BLVD TROY MI 48064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/20/1979** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		38-1242806		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

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
85	Zip Code

FL

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUM, THOMAS C. (JR)	1.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	1.4 CITY - ST - ZIP	
TITLE	COB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEMAN, DAVID	2.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	2.4 CITY - ST - ZIP	
TITLE	AST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARTJE, KENNETH P.	3.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	3.4 CITY - ST - ZIP	
TITLE	VPFS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, RICHARD J.	4.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROME, STEPHEN	5.2 NAME	
STREET ADDRESS	500 KIRTS BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	5.4 CITY - ST - ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LARRY A	6.2 NAME	
STREET ADDRESS	500 KIRTS BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Kenneth P. Kartje* **Kenneth P. Kartje** **4-24-95** **(810) 362-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Secretary/Treasurer