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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 852176 (7)**

1. Corporation Name  
**ACME-WILEY CORPORATION**

Principal Place of Business      Mailing Address  
**2400 GREENLEAF AVENUE      2400 GREENLEAF AVENUE  
ELK GROVE VILLAGE IL 60007      ELK GROVE VILLAGE IL 60007**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/15/1982</b>	3a. Date of Last Report <b>03/16/1994</b>
21		26		4. FEI Number <b>36-0703295</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under D. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>O'NEILL, ROGER L. 11661 LOST TREE WAY N PALM BCH FL 33408</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when re-registering      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NEILL, MARIE E</b>	1.2 NAME	
STREET ADDRESS	<b>80 CELESTIAL WAY</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JUNO BEACH, FL 00000</b>	1.4 CITY- ST- ZIP	
TITLE	<b>VPF</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLAN, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>2400 GREENLEAF AV</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ELK GROVE IL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, LORETTA</b>	3.2 NAME	
STREET ADDRESS	<b>110 W BUTTERFIELD RD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ELMHURST, IL 00000</b>	3.4 CITY- ST- ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NEILL, ROGER L</b>	4.2 NAME	
STREET ADDRESS	<b>11661 LOST TREE WAY</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>N PALM BCH FL</b>	4.4 CITY- ST- ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREITER, KARL L.</b>	5.2 NAME	
STREET ADDRESS	<b>2480 GREENLEAF</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ELK GROVE IL</b>	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(k), 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: John P. Callan      **JOHN P. CALLAN**      4/03/95 (708) 364-2250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)