

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90015 030 \*\*\*150.00

0556453

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F93000002441**

1. Corporation Name  
**NATIONAL BOOK WAREHOUSES, INC.**



Principal Place of Business <b>NATIONAL MERCHANTS                  1375 JERSEY AVE                  NO. BRUNSWICK NJ 08902                  US</b>	Mailing Address <b>1375 JERSEY AVENUE                  NO. BRUNSWICK NJ 08902                  US</b>
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5915 CASEY DR.</b> Suite, Apt. #, etc. 22 City & State 23 <b>KNOXVILLE TN</b> Zip Country 24 <b>37909</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>5915 CASEY DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>KNOXVILLE TN</b> Zip Country 29 <b>37909</b> 30 <b>USA</b>
---	---

3. Date Incorporated or Qualified <b>05/25/1993</b>	4. FEI Number <b>62-1403402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
			<b>FL</b>	

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUBIN, NANCY</b>	
STREET ADDRESS	<b>1375 JERSEY AVE</b>	
CITY-ST-ZIP	<b>N BRUNSWICK NJ</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HINKLE, DAVID</b>	
STREET ADDRESS	<b>5915 CASEY DR</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, RAY</b>	
STREET ADDRESS	<b>1375 JERSEY AVE</b>	
CITY-ST-ZIP	<b>N BRUNSWICK NJ</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MINCEY, MICHAEL</b>	
STREET ADDRESS	<b>5915 CASEY DR</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EDWARD A. ERDMANN III</b>	
1.3 STREET ADDRESS	<b>5915 CASEY DR.</b>	
1.4 CITY-ST-ZIP	<b>KNOXVILLE TN 37909</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)