

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216516520
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1.) CORPORATION NAME: SCHOOL SPECIALTY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE	DUE DATE: 4/30/2016 SCC ID NO: F1960592 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> <tr> <td>PREFER</td> <td>500,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	2,000,000	PREFER	500,000
CLASS	AUTHORIZED						
COMMON	2,000,000						
PREFER	500,000						

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: W6316 Design Drive

CITY/ST/ZIP: GREENVILLE, WI 54942

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH M. YORIO TITLE: PRES/CEO ADDRESS: W 6316 DESIGN DRVIE CITY/ST/ZIP/CO: GREENVILLE, WI 54942	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KEVIN BAEHLER TITLE: SR.VP/CAO ADDRESS: W 6316 DESIGN DRIVE CITY/ST/ZIP/CO: GREENVILLE, WI 54942	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: JOSEPH F. FRANZOI,IV TITLE: SECRE/CLO ADDRESS: W 5316 DESIGN DRIVE CITY/ST/ZIP/CO: GREENVILLE, WI 54942	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: JAMES R HENDERSON TITLE: DIRECTOR ADDRESS: W 6316 DESIGN DRIVE CITY/ST/ZIP/CO: GREENVILLE, WI 54942	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JUSTIN LU TITLE: DIRECTOR ADDRESS: W 6316 DESIDN DRIVE CITY/ST/ZIP/CO: GREENVILLE, WI 54942	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ _____ , SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRINTED NAME AND CORPORATE TITLE	4/30/2016 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.