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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819989

1. Corporation Name
HARCOURT GENERAL, INC.



Principal Place of Business 27 BOYLSTON ST. P.O. BOX 1000 CHESTNUT HILL MA 02167	Mailing Address 27 BOYLSTON ST. P.O. BOX 1000 CHESTNUT HILL MA 02167
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1966	4. FEI Number 04-1619609	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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

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 **FL** 85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	KNEZ, BRIAN J	
STREET ADDRESS	27 BOYLSTON STREET	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD A	
STREET ADDRESS	27 BOYLSTON	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERT A SMITH	
STREET ADDRESS	27 BOYLSTON	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	ERIC P GELLER	
STREET ADDRESS	27 BOYLSTON	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	COOK, JOHN R	
STREET ADDRESS	27 BOYLSTON	
CITY-ST-ZIP	CHESTNUT HILL MA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GIBBONS, PAUL F.	
STREET ADDRESS	27 BOYLSTON ST.	
CITY-ST-ZIP	CHESTNUT HILL MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* Paul F. Gibbons, Vice President 4/15/99 232-820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)