

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90082 048 \*\*\*150.00

**DOCUMENT # 819989**

1. Entity Name

**HARCOURT GENERAL, INC.**

Principal Place of Business

Mailing Address

27 BOYLSTON ST.  
 P.O. BOX 1000  
 CHESTNUT HILL MA 02167

27 BOYLSTON ST.  
 P.O. BOX 1000  
 CHESTNUT HILL MA 02467-1719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-1619609**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **02467**

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD KNEZ, BRIAN J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 BOYLSTON STREET	NAME	
STREET ADDRESS	CHESTNUT HILL MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD SMITH, RICHARD A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 BOYLSTON	NAME	
STREET ADDRESS	CHESTNUT HILL MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD ROBERT A SMITH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 BOYLSTON	NAME	
STREET ADDRESS	CHESTNUT HILL MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SV ERIC P GELLER	TITLE	Senior Vice President, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 BOYLSTON	NAME	
STREET ADDRESS	CHESTNUT HILL MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SVP COOK, JOHN R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 BOYLSTON	NAME	
STREET ADDRESS	CHESTNUT HILL MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VT GIBBONS, PAUL F.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 BOYLSTON ST.	NAME	
STREET ADDRESS	CHESTNUT HILL MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: PAUL F. GIBBONS, JR. Assistant Treasurer 3/31/00 617-232-8200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)