

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90448 036 \*\*\*150.00

**DOCUMENT #** 819989  
1. Entity Name  
Harcourt General, Inc.

**DO NOT WRITE IN THIS SPACE**

B006431A

|  |  |
|--|--|
| 2. Principal Place of Business<br>275 Washington Street<br>Suite, Apt. #, etc. | 3. Mailing Address<br>275 Washington Street<br>Suite, Apt. #, etc. |
|--|--|

DO NOT WRITE IN THIS SPACE

|                            |                            |   |                                       |
|----------------------------|----------------------------|---|---------------------------------------|
| City & State<br>Newton, MA | City & State<br>Newton, MA | 4. FEI Number<br>04-1619609                               | Applied For<br>Not Applicable         |
| Zip<br>02458               | Country<br>USA             | Zip<br>02458  | Country<br>USA                        |
|                            |                            | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

|  |
|--|
| Name<br>CI Corporation System  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 S. Pine Island Road |
| City<br>Plantation   |
| State<br>FL  |
| Zip Code<br>33324  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$81.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                         |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | President<br>Mark Armour<br>25 Victoria Street<br>London, UK                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP - Treasurer<br>Paul Richardson<br>125 Park Avenue<br>New York, NY 10017              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP Secretary<br>Henry Horbaczewski<br>275 Washington Street<br>Newton, MA 02458         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Assistant Treasurer<br>Charles P. Fontaine<br>275 Washington Street<br>Newton, MA 02458 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Director<br>Mark Armour<br>25 Victoria Street<br>London, UK                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Director<br>Paul Richardson<br>125 Park Avenue<br>New York, NY 10017                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Charles P. Fontaine Charles P. Fontaine 04/10/2002 617 558-4918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)