

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

000076

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90151 032 \*\*\*150.00

**DOCUMENT # 837338**

1. Corporation Name  
**HARCOURT BRACE LEGAL AND PROFESSIONAL PUBLICATIO NS, INC.**



Principal Place of Business  
176 W. ADAMS ST  
STE. 2100  
CHICAGO IL 60603  
US

Mailing Address  
27 BOYLSTON STREET  
CHESTNUT HILL MA 02117  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24 25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

3. Date Incorporated or Qualified  
**11/05/1976**

4. FEI Number  
**95-3033879**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

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

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

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | CPD                         | <input type="checkbox"/> DELETE |
| NAME           | CONVISER, RICHARD J         |                                 |
| STREET ADDRESS | 176 W. ADAMS ST., STE. 2100 |                                 |
| CITY-ST-ZIP    | CHICAGO IL                  |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | SMITH, RICHARD              |                                 |
| STREET ADDRESS | 27 BOYLSTON STREET          |                                 |
| CITY-ST-ZIP    | CHESTNUT HILL FL 02167      |                                 |
| TITLE          | VS                          | <input type="checkbox"/> DELETE |
| NAME           | GELLER, ERIC P.             |                                 |
| STREET ADDRESS | 27 BOYLSTON ST              |                                 |
| CITY-ST-ZIP    | CHESTNUT HILL MA            |                                 |
| TITLE          | VD                          | <input type="checkbox"/> DELETE |
| NAME           | KNEZ, BRIAN J               |                                 |
| STREET ADDRESS | 27 BOYLSTON STREET          |                                 |
| CITY-ST-ZIP    | CHESTNUT HILL MA            |                                 |
| TITLE          | VD                          | <input type="checkbox"/> DELETE |
| NAME           | SMITH, ROBERT A.            |                                 |
| STREET ADDRESS | 27 BOYLSTON STREET          |                                 |
| CITY-ST-ZIP    | CHESTNUT HILL MA 02167      |                                 |
| TITLE          | V                           | <input type="checkbox"/> DELETE |
| NAME           | DUFFY, RICHARD              |                                 |
| STREET ADDRESS | 176 W. ADAMS ST., STE. 2100 |                                 |
| CITY-ST-ZIP    | CHICAGO IL                  |                                 |

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Paul F. Gibbons** Vice President 4/15/99 617 232-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)