

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90416 043 ***150.00

DOCUMENT # 837338

1. Entity Name
HARCOURT PROFESSIONAL EDUCATION GROUP, INC.

Principal Place of Business 111 W. JACKSON BLVD 7 FLOOR CHICAGO IL 60603 US	Mailing Address 27 BOYLSTON STREET CHESTNUT HILL MA 02167 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 02467	Country

4. FEI Number 95-3033879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPD CONVISER, RICHARD J	TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 WEST JACKSON BLVD. 7 FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE	D SMITH, RICHARD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS	27 BOYLSTON STREET	STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL FL 02167	CITY-ST-ZIP	
TITLE	VS GELLER, ERIC P.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS	27 BOYLSTON ST	STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	CITY-ST-ZIP	
TITLE	VD KNEZ, BRIAN J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS	27 BOYLSTON STREET	STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	CITY-ST-ZIP	
TITLE	VD SMITH, ROBERT A.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS	111 WEST JACKSON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA 02167	CITY-ST-ZIP	
TITLE	V DUFFY, RICHARD	TITLE	VP Assistant Treasurer (VAT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> Delete	NAME	Paul F. Gibbons
STREET ADDRESS	176 W. ADAMS ST., STE. 2100	STREET ADDRESS	27 Boylston St.
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	Chestnut Hill, MA 02467

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 an address, with all other like empowered.

SIGNATURE: *Paul F. Gibbons* **PAUL F. GIBBONS** 4/20/01 617-232-8200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)