

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 MAY -1 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000897 (8)** SEE ABOVE CHANGE UNDER ATTACHED

1. Corporation Name
**HARCOURT BRACE EDUCATIONAL DEVELOPMENT GROUP, INC
THE INITIATIVE FOR BETTER LEARNING, INC.**

Principal Place of Business Mailing Address

27 BOYLSTON STREET CHESTNUT HILL MA 02167
27 BOYLSTON STREET CHESTNUT HILL MA 02167

2. Principal Place of Business 2a. Mailing Address

21 6277 Sea Harbor Drive 26 6277 Sea Harbor Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 23 Orlando, Florida 28 Orlando, Florida
City & State City & State

24 32887 25 USA 29 32887 30 USA
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/23/1994

4. FEI Number Applied For
59-3203128 Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name Thomas A. Williamson
82 Street Address (P.O. Box Number is Not Acceptable)
10522 Down Lakeview Circle
83
84 City Windermere FL 85 Zip Code 34786

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 Thomas A. Williamson, President *Thomas A. Williamson* 4/28/95
(Signature typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when constituting) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, THOMAS A	12 NAME	WILLIAMSON, THOMAS A
STREET ADDRESS	10522 DOWN LAKE VIEW CIRCLE	13 STREET ADDRESS	10522 DOWN LAKEVIEW CIRCLE
CITY, ST, ZIP	WINDEMERE FL	14 CITY, ST, ZIP	WINDEMERE, FL 34786
TITLE	S	21 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, ERIC P	22 NAME	JEROME KAGAN
STREET ADDRESS	12 CHESTNUT HILL TERRACE	23 STREET ADDRESS	210 CLIFTON STREET
CITY, ST, ZIP	CHESTNUT HILL MA	24 CITY, ST, ZIP	BELMONT, MA
TITLE	T	31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBONS, PAUL	32 NAME	FRANK L. PAGE
STREET ADDRESS	90 WAYSIDE INN RD.	33 STREET ADDRESS	6068 S. APOPKA-VINELAND ROAD
CITY, ST, ZIP	FRAMINGHAM MA	34 CITY, ST, ZIP	ORLANDO, FL 32819
TITLE	D	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JAMES P	42 NAME	KENNETH E. CLARK
STREET ADDRESS	24 PARTRIDGE LANE	43 STREET ADDRESS	4551 GULF SHORE BOULEVARD, #702
CITY, ST, ZIP	WESTERN CT	44 CITY, ST, ZIP	NAPLES, FL 33940
TITLE	D	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, RICHARD T	52 NAME	A. BAKER DUNCAN
STREET ADDRESS	575 WESTMINSTER	53 STREET ADDRESS	610 GALLERY
CITY, ST, ZIP	LAKE FOREST IL	54 CITY, ST, ZIP	San Antonio, TX 78209
TITLE	D	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR JR, ROBERT J	62 NAME	Michael A. Vecuso
STREET ADDRESS	40 WHITE OAK ROAD	63 STREET ADDRESS	9705 East Mountain View Road, Apt 1190
CITY, ST, ZIP	WELLESLEY MA	64 CITY, ST, ZIP	Scottsdale, AZ 85258

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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.

SIGNATURE: *Thomas A. Williamson* THOMAS A. WILLIAMSON 4/28/95 407-345-3933
(Signature typed or printed name of signing officer or director) (Date) (Phone Number)