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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F94000001554 (4)**

1. Corporation Name
MCDOUGAL LITTELL INC.

Principal Place of Business	Mailing Address
1560 SHERMAN AVE. EVANSTON IL 60201	222 BERKELEY ST BOSTON MA 02116 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/28/1994	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2722075	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of person signing, capacity and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGEE, JULIE		1.2 NAME		
STREET ADDRESS	1211 MICHIGAN		1.3 STREET ADDRESS		
CITY-ST-ZIP	EVANSTON IL 60202		1.4 CITY-ST-ZIP		
TITLE	SAT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOVOTNY, LOIS M.		2.2 NAME		
STREET ADDRESS	222 BERKELEY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE	T	☐ Change ☑ Addition
NAME	LINDGREN, MICHAEL J.		3.2 NAME	Bradley D. Lehan	
STREET ADDRESS	222 BERKELEY ST		3.3 STREET ADDRESS	222 Berkeley Street	
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP	Boston MA 02116	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	MERRILL, RICHARD T		4.2 NAME	Julie McGee	
STREET ADDRESS	740 GLENDEVON DR.		4.3 STREET ADDRESS	425 Grove	
CITY-ST-ZIP	NAPLES FL 33999		4.4 CITY-ST-ZIP	Evanston, IL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, PAUL D.		5.2 NAME		
STREET ADDRESS	222 BERKELEY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	WISNESKI, WILLIAM J.		6.2 NAME	Nader Darehshori	
STREET ADDRESS	222 BERKELEY ST		6.3 STREET ADDRESS	222 Berkeley St.	
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP	Boston MA 02116	

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.

SIGNATURE: _____

CR2E034 (10/97)