

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90004 012 ***150.00

DOCUMENT # 817712

1. Corporation Name

THE MCGRAW-HILL COMPANIES, INC.

Principal Place of Business

1221 AVE OF THE AMERICAS
TAX DEPT., 48TH FLOOR
NEW YORK NY 10020

Mailing Address

1221 AVE OF THE AMERICAS
TAX DEPT., 48TH FLOOR
NEW YORK NY 10020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1964

4. FEI Number

13-1026995

Applied For

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	BAHASH, ROBERT J.	
STREET ADDRESS	1221 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, SCOTT L	
STREET ADDRESS	1221 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCRAW, HAROLD W. III	
STREET ADDRESS	1221 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	EVANSON, ROBERT E	
STREET ADDRESS	1221 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 0 10020	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	KAUFMAN, FRANK J.	
STREET ADDRESS	1221 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PENGLASE, FRANK D	
STREET ADDRESS	1221 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 0	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EXECUTIVE VP
4.3 STREET ADDRESS	JOHN D. NEGROPONTE
4.4 CITY-ST-ZIP	1221 AVE OF THE AMERICAS
	NEW YORK, NY 10020
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)