## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 817712 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name THE MCGRAW-HILL COMPANIES, INC. 04-25-2000 90039 020 \*\*\*150.00 Mailing Address Principal Place of Business 1221 AVE OF THE AMERICAS 1221 AVE OF THE AMERICAS TAX DEPT. 48TH FLOOR TAX DEPT.. 48TH FLOOR NEW YORK NY 10020 NEW YORK NY 10020-1001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-1026995 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VCFO ☐ Change ☐ Addition Delete TITLE TITLE BAHASH, ROBERT J. NAME NAME 1221 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENNETT, SCOTT L NAME NAME 1221 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 0 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE MCCRAW, HAROLD W. III NAME NAME 1221 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition ☐ Delete TITLE TITLE NEGROPONTE, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 1221 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10020** SRV ☐ Change Addition TITI F TITLE ☐ Delete KAUFMAN, FRANK J. NAME NAME 1221 AVE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition ☐ Change ☐ Delete TITLE TITLE PENGLASE, FRANK D NAME NAME STREET ADDRESS STREET ADDRESS 1221 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** 13. I hereby certify that the information supplied with his 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 consection or the resolution of the consection o

NAME OF SIGNING OFFICER OR DIRECTOR SCALOT VICE President

SIGNATURE:

Frank J. Kaufman

Daytime Phone #