Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 817712** 1. Entity Name THE MCGRAW-HILL COMPANIES, INC. 04-26-2001 90130 004 ***150.00 Principal Place of Business Mailing Address 1221 AVE OF THE AMERICAS 1221 AVE OF THE AMERICAS TAX DEPT.. 48TH FLOOR TAX DEPT. 48TH FLOOR 959048 NEW YORK NY 10020 NEW YORK NY 10020 HS 2. Principa! Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1026995 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zin 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VCFO** TITLE ☐ Delete TITLE ☐ Change Addition BAHASH, ROBERT J. NAME NAME STREE! ADDRESS 1221 AVE OF THE AMERICAS STREET ADDRESS CITY - ST - ZIP **NEW YORK NY** CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BENNETT, SCOTT L MAMA NAME STREET ADDRESS 1221 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 0 OITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MCCRAW, HAROLD W. III NAME NAME STREET ADDRESS 1221 AVE OF THE AMERICAS STREET ADDRESS CITY-S1-79 **NEW YORK NY** CATY - ST - ZIP **EVP** TITLE □ Delete TITLE ☐ Change [Addition NEGROPONTE, JOHN D NAME NAME STREET ADDRESS 1221 AVE OF THE AMERICAS STREE! ADDRESS CITY-ST-ZIP NEW YORK NY 10020 CITY-ST-ZIP TITLE SRV ☐ Delete TITLE ☐ Change Addition NAME KAUFMAN, FRANK J. NAME STREET ADDRESS 1221 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE De:ete TITLE Change Addition NAME PENGLASE, FRANK D NAME STREET ADDRESS 1221 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY CITY-ST-ZiP 13. I horeby 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 see an attachment with an address, with all other like empowered. Senior Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR