FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **819989** **(5)**

1. Corporation Name

HARCOURT GENERAL, INC.

Principal Place of Business

27 BOYLSTON ST.
P.O. BOX 1000
CHESTNUT HILL MA 02167

Mailing Address

27 BOYLSTON ST.
P.O. BOX 1000
CHESTNUT HILL MA 02167

3. Date Incorporated or Qualified: **10/21/1966**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **04-1619609** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505 and 607.1505, 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. The corporation is authorized by the corporation's board of directors to make the above change(s). I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TARR, ROBERT J., JR.		12 NAME	
STREET ADDRESS	27 BOYLSTON		13 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA		14 CITY ST ZIP	
TITLE	CD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD A		22 NAME	
STREET ADDRESS	27 BOYLSTON		23 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA		24 CITY ST ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ROBERT A SMITH		32 NAME	
STREET ADDRESS	27 BOYLSTON		33 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA		34 CITY ST ZIP	
TITLE	SV	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ERIC P GELLER		42 NAME	
STREET ADDRESS	27 BOYLSTON		43 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA		44 CITY ST ZIP	
TITLE	SVP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	COOK, JOHN R		52 NAME	
STREET ADDRESS	27 BOYLSTON		53 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA		54 CITY ST ZIP	
TITLE	VT	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	GIBBONS, PAUL F.		62 NAME	
STREET ADDRESS	27 BOYLSTON ST.		63 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA		64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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 electronic 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 added by this report or in an attachment with an address.

SIGNATURE: Paul F. Gibbons 4-15-96 617-238-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #