

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90060 043 ***150.00

DOCUMENT # 819989

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1966

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

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 607.0502 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 PD ☐ DELETE
NAME KNEZ, BRIAN J
STREET ADDRESS 27 BOYLSTON STREET
CITY-ST-ZIP CHESTNUT HILL MA

TITLE CD ☐ DELETE
NAME SMITH, RICHARD A
STREET ADDRESS 27 BOYLSTON
CITY-ST-ZIP CHESTNUT HILL MA

TITLE PD ☐ DELETE
NAME ROBERT A SMITH
STREET ADDRESS 27 BOYLSTON
CITY-ST-ZIP CHESTNUT HILL MA

TITLE SV ☐ DELETE
NAME ERIC P GELLER
STREET ADDRESS 27 BOYLSTON
CITY-ST-ZIP CHESTNUT HILL MA

TITLE SVP ☐ DELETE
NAME COOK, JOHN R
STREET ADDRESS 27 BOYLSTON
CITY-ST-ZIP CHESTNUT HILL MA

TITLE VT ☐ DELETE
NAME GIBBONS, PAUL F.
STREET ADDRESS 27 BOYLSTON ST.
CITY-ST-ZIP CHESTNUT HILL MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul F. Gibbons, Vice President 4/15/99 232-820

Date

Daytime Phone #

CR2E034 (11/98)