

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819989

1. Entity Name

HARCOURT GENERAL, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90416 042 ***150.00

Principal Place of Business

27 BOYLSTON ST

CHESTNUT HILL MA 02167

Mailing Address

27 BOYLSTON ST.

CHESTNUT HILL MA 02167

2. Principal Place of Business

27 Boylston St.

Suite, Apt. #, etc.

3. Mailing Address

27 Boylston St.

Suite, Apt. #, etc.

City & State

City & State

Zip

02467

Country

Zip

02467

Country

4. FEI Number 04-1619609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNEZ, BRIAN J	
STREET ADDRESS	27 BOYLSTON STREET	
CITY- ST- ZIP	CHESTNUT HILL MA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD A	
STREET ADDRESS	27 BOYLSTON	
CITY- ST- ZIP	CHESTNUT HILL MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERT A SMITH	
STREET ADDRESS	27 BOYLSTON	
CITY- ST- ZIP	CHESTNUT HILL MA	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	ERIC P GELLER	
STREET ADDRESS	27 BOYLSTON	
CITY- ST- ZIP	CHESTNUT HILL MA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	COOK, JOHN R	
STREET ADDRESS	27 BOYLSTON	
CITY- ST- ZIP	CHESTNUT HILL MA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GIBBONS, PAUL F.	
STREET ADDRESS	27 BOYLSTON ST.	
CITY- ST- ZIP	CHESTNUT HILL MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL F GIBBONS

Date

4/20/01

Daytime Phone #

617-232-8200

CR2E034 (10/00)