

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 16, 1999 8:00 am
Secretary of State

04-16-1999 90090 018 ***150.00

DOCUMENT # 822529

1. Corporation Name
ADDISON WESLEY LONGMAN, INC.

Principal Place of Business
**JACOB WAY
READING MA 01867**

Mailing Address
**4 JACOB WAY
READING MA 01867
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1969

4. FEI Number

04-1016235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **V MURRAY, JOHN F**
STREET ADDRESS **11 VISTA DR**
CITY-ST-ZIP **DANVERS MA**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VD STEVEN A. DOWLING**
1.3 STREET ADDRESS **3 ELIZABETH WAY**
1.4 CITY-ST-ZIP **LYNNFIELD, MA 01940**

TITLE ☐ DELETE
NAME **PD JOVANOVICH, P**
STREET ADDRESS **72 HILLSIDE RD**
CITY-ST-ZIP **RYE NY 10580**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD KATHRYN COSTELLO**
2.3 STREET ADDRESS **120 EAST 79TH STREET**
2.4 CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE ☐ DELETE
NAME **TD LAVACCA, J**
STREET ADDRESS **163 BAROS ST**
CITY-ST-ZIP **FAIRFIELD CT 06430**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VD JOHN C. ISLEY**
3.3 STREET ADDRESS **ONE JACOB WAY**
3.4 CITY-ST-ZIP **READING, MA 01867**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ROBERT L. DANCY**
4.3 STREET ADDRESS **17 JAMES STREET #5**
4.4 CITY-ST-ZIP **BROOKLINE, MA 02146**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ASSISTANT SEC.**
5.3 STREET ADDRESS **PETER STONE**
5.4 CITY-ST-ZIP **605 CORLISS WAY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **ALICE KAY**
6.3 STREET ADDRESS **1900 EAST LAKE AVE.**
6.4 CITY-ST-ZIP **GLENVIEW, IL 60025**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-11/99