

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822529

1. Entity Name

ADDISON WESLEY LONGMAN, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90014 042 ***150.00

Principal Place of Business

Mailing Address

JACOB WAY
READING MA 01867

4 JACOB WAY
READING MA 01867-3932
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O Pearson Inc.

1330 Avenue of the Americas

New York, NY

10019

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-1016235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Executive Vice President and President ☐ Change ☒ Addition
NAME John C. Istey
STREET ADDRESS One Lake Street
CITY-ST-ZIP Upper Saddle River, NJ 07458

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

TITLE Vice President and Assistant Secretary ☐ Change ☒ Addition
NAME George B. Costello
STREET ADDRESS One Lake Street
CITY-ST-ZIP Upper Saddle River, NJ 07458

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

TITLE AS ☐ Change ☒ Addition
NAME Shakeda Sayed
STREET ADDRESS 1330 Avenue of the Americas
CITY-ST-ZIP New York, NY 10019

TITLE VD ☐ Delete
NAME DOWLING, STEVEN A
STREET ADDRESS 3 ELIZABETH WAY
CITY-ST-ZIP LYNNFIELD MA 01940

TITLE AS ☐ Change ☒ Addition
NAME Tom Wharton
STREET ADDRESS 1330 Avenue of the Americas
CITY-ST-ZIP New York, NY 10019

TITLE VD ☐ Delete
NAME COSTELLO, KATHRYN
STREET ADDRESS 120 E 79 ST
CITY-ST-ZIP NY NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DANCY, ROBERT L
STREET ADDRESS 17 JAMES ST #5
CITY-ST-ZIP BROOKLINE MA 02146

TITLE ☐ Change ☐ 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: Thomas P. Wharton THOMAS P. WHARTON 3/31/00 (212) 641-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)