

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90004 030 ***150.00

DOCUMENT # 822529

1. Entity Name

Addison Wesley Longman, Inc.

Principal Place of Business

1 Jacob Way
 Reading, MA 01867

Mailing Address

C/O
 Karen Zhang
 Pearson Inc.
 1330 Avenue of the Americas
 New York, NY 10019

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

04-106235

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman, CEO & President	Delete
NAME	Peter Jovanovich / Director	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	EVP	Delete
NAME	Kathryn Costello / Director	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	EVP	Delete
NAME	Steven A. Dowling / Director	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	EVP	Delete
NAME	John C. Isley / Director	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	CFO	Delete
NAME	George Werner	
STREET ADDRESS	One Lake St	
CITY-ST-ZIP	Upper Saddle River, NJ 07458	
TITLE	VP & Assistant Secretary	Delete
NAME	Tom Wharton	
STREET ADDRESS	1330 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10019	

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

Date

Signature Fee

CR2E034 (11/00)