

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 032 ***150.00

DOCUMENT # 837338

1. Corporation Name

HARCOURT BRACE LEGAL AND PROFESSIONAL PUBLICATIO
NS, INC.

Principal Place of Business

176 W. ADAMS ST
STE. 2100
CHICAGO IL 60603
US

Mailing Address

27 BOYLSTON STREET
CHESTNUT HILL MA 02117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1976

4. FEI Number

95-3033879

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME CONVISER, RICHARD J
STREET ADDRESS 176 W. ADAMS ST., STE. 2100
CITY-STATE-ZIP CHICAGO IL

☐ DELETE

TITLE D
NAME SMITH, RICHARD
STREET ADDRESS 27 BOYLSTON STREET
CITY-STATE-ZIP CHESTNUT HILL FL 02167

☐ DELETE

TITLE VS
NAME GELLER, ERIC P.
STREET ADDRESS 27 BOYLSTON ST
CITY-STATE-ZIP CHESTNUT HILL MA

☐ DELETE

TITLE VD
NAME KNEZ, BRIAN J
STREET ADDRESS 27 BOYLSTON STREET
CITY-STATE-ZIP CHESTNUT HILL MA

☐ DELETE

TITLE VD
NAME SMITH, ROBERT A.
STREET ADDRESS 27 BOYLSTON STREET
CITY-STATE-ZIP CHESTNUT HILL MA 02167

☐ DELETE

TITLE V
NAME DUFFY, RICHARD
STREET ADDRESS 176 W. ADAMS ST., STE. 2100
CITY-STATE-ZIP CHICAGO IL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul F. Gibbons Vice President 4/15/99 617
232-8200

Date

Daytime Phone #

CR2E034 (11/98)