

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837338

1. Entity Name
HARCOURT PROFESSIONAL EDUCATION GROUP, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90105 007 ***150.00

Principal Place of Business Mailing Address
111 W. Jackson Blvd. 27 BOYLSTON STREET
7th Floor CHESTNUT HILL, MA 02467
CHICAGO, IL 60604 US
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3033879 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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
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	CPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Conviser, Richard J.		NAME		
STREET ADDRESS	176 W. Adams Street - Suite 2100		STREET ADDRESS	111 West Jackson Blvd. - 7th Floor	
CITY-ST-ZIP	Chicago, IL 60604		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Smith, Richard		NAME		
STREET ADDRESS	27 Boylston Street		STREET ADDRESS		
CITY-ST-ZIP	Chesnut Hill, MA 02467		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Geller, Eric P.		NAME		
STREET ADDRESS	27 Boylston Street		STREET ADDRESS		
CITY-ST-ZIP	Chestnut Hill, MA 02467		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Knez, Brian J.		NAME		
STREET ADDRESS	27 Boylston Street		STREET ADDRESS		
CITY-ST-ZIP	Chestnut Hill, MA 02467		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Duffy, Richard		NAME		
STREET ADDRESS	176 W. Adams Street - Suite 2100		STREET ADDRESS	111 West Jackson Blvd. - 7th Floor	
CITY-ST-ZIP	Chicago, IL 60604		CITY-ST-ZIP		
TITLE	VP Assistant Treasurer	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Paul F. Gibbons		NAME		
STREET ADDRESS	27 Boylston Street		STREET ADDRESS		
CITY-ST-ZIP	Chestnut Hill, MA 02467		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:  Paul F. Gibbons, VP-Assistant Treasurer 617-232-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)