

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90275 022 ***150.00

DOCUMENT # 837338

1. Entity Name
HARCOURT PROFESSIONAL EDUCATION GROUP, INC.



Principal Place of Business
**275 WASHINGTON STREET
NEWTON MA 02458
US**

Mailing Address
**275 WASHINGTON STREET
NEWTON MA 02458
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3033879**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARMOUR, MARK	
STREET ADDRESS	255 VICTORIA STREET	
CITY-ST-ZIP	LONDON UK	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARDSON, PAUL	
STREET ADDRESS	125 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HORBACZEWSKI, HENRY	
STREET ADDRESS	275 WASHINGTON STREET	
CITY-ST-ZIP	NEWTON MA 02458	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FONTAINE, CHARLES P	
STREET ADDRESS	275 WASHINGTON STREET	
CITY-ST-ZIP	NEWTON MA 02458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMOUR, MARK	
STREET ADDRESS	25 VICTORIA STREET	
CITY-ST-ZIP	LONDON UK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, PAUL	
STREET ADDRESS	125 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fontaine, Charles P.	
STREET ADDRESS	275 Washington Street	
CITY-ST-ZIP	Newton, MA 02458	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richardson, Paul	
STREET ADDRESS	125 Park Avenue, 23rd Floor	
CITY-ST-ZIP	New York, NY 10017	
TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horbaczewski, Henry	
STREET ADDRESS	275 Washington Street	
CITY-ST-ZIP	Newton, MA 02458	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fontaine, Charles P.	
STREET ADDRESS	275 Washington Street	
CITY-ST-ZIP	Newton, MA 02458	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richardson, Paul	
STREET ADDRESS	125 Park Avenue, 23rd Floor	
CITY-ST-ZIP	New York, NY 10017	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horbaczewski, Henry	
STREET ADDRESS	275 Washington Street	
CITY-ST-ZIP	Newton, MA 02458	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles P. Fontaine, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/2003

617 558-4925

CR2E034 (10/02)