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FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 854460 (3)  
1. Corporation Name  
THE RIVERSIDE PUBLISHING COMPANY



Principal Place of Business Mailing Address  
8420 BRYN MAWR ROAD 222 BERKLEY STREET - TAX DEPARTMENT  
TAX DEPT TAX DEPT  
CHICAGO IL 60631 BOSTON MA 02116-3748  
US US

3. Date Incorporated or Qualified 10/22/1982 3a. Date of Last Report 05/01/1996  
4. FEI Number 04-2670173 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS OSWALD, JOHN H.  
CITY-ST-ZIP 425 CAESAR DRIVE  
BARRINGTON HILLS IL  
TITLE ☐ DELETE  
NAME T  
STREET ADDRESS LINDGREN, MICHAEL J  
CITY-ST-ZIP 48 CYPRESS STREET  
MEDFIELD MA  
TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BOWEN, LUANNA R  
CITY-ST-ZIP 8420 BRYN MAWR ROAD  
CHICAGO IL  
TITLE ☐ DELETE  
NAME V  
STREET ADDRESS HOLMES, SUSAN E  
CITY-ST-ZIP 420 EAST OHIO APT 19F  
CHICAGO IL  
TITLE ☐ DELETE  
NAME S  
STREET ADDRESS NOVOTNY, LOIS M.  
CITY-ST-ZIP 39 PLAIN ROAD  
WAYLAND MA  
TITLE ☐ DELETE  
NAME AS  
STREET ADDRESS RIDEOUT, KATHLEEN A.  
CITY-ST-ZIP 98 COLBY DRIVE  
HALIFAX MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (617) 351-5097  
Date Daytime Phone # 0000213

CR2E034 (9/96)