

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

~~6420 BRYN MAWR ROAD~~  
~~TAX DEPT~~  
~~CHICAGO IL 60631~~  
~~US~~

222 BERKLEY STREET - TAX DEPARTMENT  
TAX DEPT  
BOSTON MA 02116  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 425 Spring Lake Dr.

26 Suite, Apt. #, etc.

22 Tax Dept.

27 City & State

23 City & State

24 60143 - 3079

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

10/22/1982

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME OSWALD, JOHN H.  
STREET ADDRESS 425 CAESAR DRIVE  
CITY-ST-ZIP BARRINGTON HILLS IL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME LINDGREN, MICHAEL J  
STREET ADDRESS 48 CYPRESS STREET  
CITY-ST-ZIP MEDFIELD MA

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BOWEN, LUANNA R  
STREET ADDRESS 6420 BRYN MAWR ROAD  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME HOLMES, SUSAN E  
STREET ADDRESS 420 EAST OHIO APT 19F  
CITY-ST-ZIP CHICAGO IL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME NOVOTNY, LOIS M.  
STREET ADDRESS 39 PLAIN ROAD  
CITY-ST-ZIP WAYLAND MA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME RIDEOUT, KATHLEEN A.  
STREET ADDRESS 98 COLBY DRIVE  
CITY-ST-ZIP HALIFAX MA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 supplementary 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

CR2E034 (10/97)