

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 12 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 854460

1. Corporation Name

THE RIVERSIDE PUBLISHING COMPANY

Principal Place of Business

Mailing Address

425 SPRINGLAKE DR.  
TAX DEPT  
ITASCA IL 60143-2079  
US

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-2670173

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P P	OSWALD, JOHN H. Larany, John E.	425 CAESAR DRIVE 225 West Union Avenue	BARRINGTON HILLS IL Whitton, IL 60187
T	Sylvia Metayer	222 BERKELEY ST.	BOSTON MA 02116
V V	BOWEN, LUANNA R. Tesh, Ellis	8420 BRYN MAWR ROAD 16 Tipom Drive	CHICAGO IL Trophy Club, TX 76262
V	HOLMES, SUSAN E. Schrank, Fredrick	420 EAST OHIO APT 19F 105 Mendon Lane	CHICAGO IL Schaumburg, IL 60193
S	NOVOTNY, LOIS M.	39 PLAIN ROAD	WAYLAND MA
AS	RIDEOUT, KATHLEEN A.	98 COLBY DRIVE	HALIFAX MA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

9000053261  
04/23/02 State Zip Code  
\*\*\*\*900 FL \*\*\*\*900.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Kristen Betzger*

KRISTEN BETZGER  
VICE PRESIDENT

REGISTERED AGENT MUST SIGN

Date

3/29/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Paul D. Weaver*

Paul D. Weaver, Vice President

Date

Daytime Phone #

3/29/02 617-351-5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (8/01)