


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90184 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|---|-----|---|---|--|
| DOCUMENT # 854460 | | | |  | |
| 1. Entity Name THE RIVERSIDE PUBLISHING COMPANY | | | | | |
| Principal Place of Business 425 SPRINGLAKE DR TAX DEPT ITASCA, IL 60143-2079 US | | | Mailing Address 222 BERKLEY STREET - TAX DEPARTMENT TAX DEPT BOSTON, MA 02116 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-2670173 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> | | | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LARAMY, JOHN E 225 WEST UNION AVENUE WHITTON, IL 60187 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MATAYER, SYLVIA 222 BERKELEY ST BOSTON, MA 02116 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TESH, ELLIS 16 TRYPOM DRIVE TROPHY CLUB, TX 76262 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHRANK, FREDERICK 106 MENDON LANE SCHAUMBERG, IL 60193 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Paul Weaver Vice President 222 Berkeley Street Boston, MA 02116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NOVOTNY, LOIS M. 39 PLAIN ROAD WAYLAND, MA <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS RIDEOUT, KATHLEEN A. 98 COLBY DRIVE HALIFAX, MA <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Kathleen A. Rideout, Kathleen Rideout</u> 5/13/03 617-351-5115 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

CR2E034 (10/02)



Attachment
HOUGHTON MIFFLIN

90135741
854460

Houghton Mifflin Company
222 Berkeley Street
Boston, MA 02116-3764
phone 617.351.5000
www.hmco.com

May 13, 2003

By Express Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Riverside Publishing Company
Document #854460

Dear Sir or Madam:

Enclosed for filing is the 2003 Annual Report for the above company together with a check in the amount of \$150. Please be advised that we never received the preprinted annual report in the mail.

If you have any questions, please call me at 617-351-5115. Thanks in advance for your assistance.

Sincerely,

Kathleen A. Rideout

Enclosures