

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006348

FILED
Mar 20, 2007
Secretary of State

Entity Name: EAROBCS BY COGNITIVE CONCEPTS, INC.

Current Principal Place of Business:

990 GROVE ST, STE 300
EVANSTON, IL 60201

New Principal Place of Business:

Current Mailing Address:

HOUGHTON MIFFLIN CO., ATT: K. RIDEOUT,
222 BERKELEY STREET
BOSTON, MA 02116

New Mailing Address:

FEI Number: 36-4085986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARDS, STEVE
Address: 222 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: D () Delete
Name: WEAVER, PAUL D
Address: 222 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: P () Delete
Name: NIEMI, KAREN
Address: 990 GROVE ST, STE 300
City-St-Zip: EVANSTON, IL 60201

Title: VP () Delete
Name: WEAVER, PAUL D
Address: 222 BERKELEY STREET
City-St-Zip: BOSTON, MA 02116

Title: AS () Delete
Name: RIDEOUT, KATHLEEN A
Address: 222 BERKELEY STREET
City-St-Zip: BOSTON, MA 02116

Title: D () Delete
Name: SUSAN, RAO
Address: 222 BERKELEY STREET
City-St-Zip: BOSTON, MA 02116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A. RIDEOUT

AS

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date