

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90157 039 ***150.00

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FP

DOCUMENT # F93000000409

1. Entity Name
HARCOURT, INC.



Principal Place of Business
**6277 SEA HARBOR DR
ORLANDO FL 32821
US**

Mailing Address
**6277 SEA HARBOR DR
ATTN: TAX DEPT
ORLANDO FL 32821
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-1935377**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. ☐ **\$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	CEO KNEZ, BRIAN J 27 BOYLSTON ST CHESTNUT HILL MA 02167 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, ROBERT A 27 BOYLSTON ST CHESTNUT HILL MA 02167 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVY, JAMES P 27 BOYLSTON ST CHESTNUT HILL MA 02167 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONVISER, RICHARD J 111 WEST JACKSON BLVD., 7TH FLOOR CHICAGO IL 60604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILWORTH, JOHN R 19500 BULWERDE ROAD SAN ANTONIO TX 78204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOENIGSBERG, PETER 27 BOYLSTON ST CHESTNUT HILL MA 02167 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANTHONY LUCKI 6277 SEA HARBOR DRIVE ORLANDO, FL 32887 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STEPHEN C. RICHARDS 275 WASHINGTON STREET NEWTON, MA 02458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT JUDITH P. FOWLER 10801 NORTH MOPAC EXPRESSWAY, BUILDING 3 AUSTIN, TX 78759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT STEVEN F. KORTE 500 COVENTRY LANE, SUITE 200 CRYSTAL LAKE, IL 60014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT SAN ANTONIO, TX 78259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT JASNA MARKOVAC 525 B STREET, SUITE 1900 SAN DIEGO, CA 92101 <input type="checkbox"/> Change <input checked="" 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:

SIGNATURE REQUIRED LINDA K. DIRKSEN

3/27/03

407-345-2312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)