## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9400001005 Apr 13, 2000 8:00 am Secretary of State SILVER BURDETT GINN INC. 04-13-2000 90101 003 \*\*\*150.00 Principal Place of Business Mailing Address 1230 AVENUE OF THE AMERICAS C/O COWAN & ASSOCIATES 180 N. LASALLE STREET. STE 1922 NEW YORK NY 10036 CHICAGO IL 60601-2605 2. Principal Place of Business 3. Mailing Address Pearson Inc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE the Americas Avenue of City & State City & State 4. FEI Number Applied For 06-1133814 New York. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 1001 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 1201 HAYS STREET TALLAHASSEE FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 **EVTD** A5 Addition TITLE ☐ Delete TITLE LAVACCA, JOHN Tom wharton NAME NAME 1330 Avenue of the Americas STREET ADDRESS ONE LAKE STREET STREET ADDRESS CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP M 10019 New York. Addition Delete ☐ Change TITLE TITLE FLEMENBAUM, ARIEH M Shaheda sayed NAME NAME 1330 Avenue of the Americas 180 N. LASALLE STREET, STE 1922 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP New York, M 10019 ☐ Addition TITLE ☐ Delete TITLE ☐ Change JOVANOVICH, PETER NAME NAME ONE LAKE STREET STREET ADDRESS STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DANCY, ROBERT L NAME NAME ONE LAKE STREET STREET ADDRESS STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE COSTELLO, KATHRYN NAME NAME ONE LAKE STREET STREET ADDRESS STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOM AGE P. WHARE TON 3 3 100 (212) 541-24

CR2E034 (9/99)