

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90899 046 \*\*\*\*50.00

<b>DOCUMENT #</b> M02000000688	✓
<b>1. Entity Name</b> CTB/MCGRAW-HILL LLC	

**30054948**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 20 Ryan Ranch Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1221 Avenue of the Americas Suite, Apt. #, etc.	
City & State Monterey, CA		City & State New York, NY	
Zip 93940	Country USA	Zip 10020-1095	Country USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 52-2358325	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Corporation Service Company
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street
<b>City</b> Tallahassee
<b>FL</b> <b>Zip Code</b> 32301

**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.

**DATE**

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	The McGraw-Hill Companies, Inc. (Sole member) 1221 Avenue of the Americas New York, NY 10020-1095	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

**Frank J. Kaufman**  
**Vice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,  
OR AUTHORIZED REPRESENTATIVE

4/9/03 212 512 4362  
Date Daytime Phone #