

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002180

1. Entity Name
HARPERCOLLINS PUBLISHERS L.L.C.



Principal Place of Business
10 EAST 53RD STREET
NEW YORK, NY 10022

Mailing Address
10 EAST 53RD STREET
NEW YORK, NY 10022



07242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2572391

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	PCEO
NAME	FRIEDMAN, JANE
STREET ADDRESS	10 EAST 53RD STREET
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	VCOO
NAME	D'AGNES, GLENN
STREET ADDRESS	10 EAST 53RD STREET
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	V
NAME	NALLEN, JOHN
STREET ADDRESS	1211 AVENUE OF THE AMERICAS
CITY- ST- ZIP	NEW YORK, NY 10036
TITLE	P
NAME	MURRAY, BRIAN
STREET ADDRESS	10 EAST 53RD STREET
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	P
NAME	KATZ, SUSAN
STREET ADDRESS	1350 AVE. OF THE AMERICAS
CITY- ST- ZIP	NEW YORK, NY 10019
TITLE	C
NAME	SALVI, MICHAEL
STREET ADDRESS	10 EAST 53RD ST
CITY- ST- ZIP	NEW YORK, NY 10022

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07/31/07-80002-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-25-07

Date

570-941-1366

Daytime Phone #