

ACCOUNT NO.

072100000032

REFERENCE

249192

4332209

AUTHORIZATION

COST LIMIT

ORDER DATE :

October 30, 2001

ORDER TIME :

11:28 AM

ORDER NO. :

249192-300

CUSTOMER NO:

4332209

CUSTOMER: Ms. Helen V. Stamatiadis

The Thomson Corporation

One Station Place

Stamford, CT 06902

CHANGE OF AGENT

NAME:

HARCOURT ASSESSMENT SYSTEMS,

INC.

600004660816--6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

C. Coulliste OCT 3 1 2001

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | provisions of sections 607.0502, 617.0502, corporation organized under the laws of the S | | Florida Statute | S, |
|---|--|--|---|---------|
| | owing statement in order to change its registe | · — | agent or both | in |
| the State of Flor | | rea office or registered | ugeni, or boin, i | ./II |
| | the corporation: | | | |
| HARCOURT AS | SSESSMENT SYSTEMS, INC. | | | - |
| 2. The mailing a | ddress of the corporation: Suite 300, 3 B | ala Plaza West | | g - 174 |
| Bala Cynwy | d, PA 19004-3481 | | | |
| 3. Date of incor | poration/qualification: November 26, 1986 | _ Document number: Pl | .2304 | |
| 4. The name and | address of the current registered agent and of | fice: | | |
| <u>.</u> | CT Corporation System | | 2001 SECI | • • |
| - | 1200 South Pine Island Road | | OCT S | |
| _ | Plantation, FL 33324 | · · · · · · · · · · · · · · · · · · · | SEE SY | |
| 5. The name and | address of the new registered agent (if change (P. O. Box Not Accepta | | ice (if changed): | Ö |
| _ | Corporation Service Company | | r 45 RIDA | |
| | 1201 Hays Street | · - | | |
| - | Tallahassee, FL 32301 | | | |
| agent, as change | ss of its registered office and the street addreed, will be identical. | | • | 1 |
| Such change wa authorized by th | s authorized by resolution duly adopted by its | | | |
| /(Signature of | of an officer, chairman or vice chairman of the board) | October 1 (Date | | · |
| | | | | |
| Helen V. Stamat | iadis, Assistant Secretary (Printed or typed name and title) | | • | = ** |
| Having been na corporation, I h I further agree t performance of registered agent | med as registered agent and to accept service ereby accept the appointment as registered a o comply with the provisions of all statutes re my duties, and I am familiar with and accept | e of process for the above gent and agree to act in elative to the proper and the obligation of my po | ve stated 1 this capacity. d complete psition as | |
| Corporation Se | nyice/company | 10/30/20 | 51/ | |
| | gnature of Registered Agent) | (Date) | - | |
| If signing on behalf | • | | - | |
| Christine J. G | ates 'yped or Printed Name) | Assistant Vice Free (Capacity) | sident | |
| * * * FILING FEE: \$35.00 * * * | | | | |

CR2E045(9/00)