


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90184 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P12304					
1. Entity Name PROMISSOR, INC.					
Principal Place of Business 3 BALA PLAZA WEST STE 300 BALA CYNWYD, PA 19004 US		Mailing Address 3 BALA PLAZA WEST STE 300 BALA CYNWYD, PA 19004 US			
2. Principal Place of Business		3. Mailing Address 222 Berkeley Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Boston, MA			
City & State		City & State			
Zip	Country	Zip	Country		
		02116	USA		
4. FEI Number 23-2212698				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reappointing)</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEEHAN, PATRICK		NAME		
STREET ADDRESS	589 WILSON AVE.		STREET ADDRESS		
CITY-ST-ZIP	GLEN ELLYN, IL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONWAY, KEVIN		NAME	Assistant Secretary	
STREET ADDRESS	451 E. SADDLE RIVER RD.		STREET ADDRESS	Kathleen Rideout	
CITY-ST-ZIP	RIDGEWOOD, NJ 07450		CITY-ST-ZIP	98 Calby Drive	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, PAUL D		NAME		
STREET ADDRESS	88 WALNUT ROAD		STREET ADDRESS		
CITY-ST-ZIP	WENHAM, MA 019843481		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAPP, STEPHEN		NAME		
STREET ADDRESS	30 LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, GREGORY		NAME		
STREET ADDRESS	3133 CASCO CIR.		STREET ADDRESS		
CITY-ST-ZIP	WAYZATA, MN 55391		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METAYER, SYLVIA		NAME		
STREET ADDRESS	106 APPLETON STREET		STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE, MA 01778		CITY-ST-ZIP		
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 507, 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: Kathleen Rideout Kathleen Rideout 5/13/03 673515115					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CFR2034 (10/02)



Attachment
HOUGHTON MIFFLIN

90135740

Houghton Mifflin Company
222 Berkeley Street
Boston, MA 02116-3764
phone 617.351.5000
www.hmco.com

May 13, 2003

By Express Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Promissor, Inc.
Document #P12304

Dear Sir or Madam:

Enclosed for filing is the 2003 Annual Report for the above company together with a check in the amount of \$150. Please be advised that we never received the preprinted annual report in the mail.

If you have any questions, please call me at 617-351-5151. Thanks in advance for your assistance.

Sincerely,

Kathleen A. Rideout

Enclosures