DOCUMENT # P20312 1. Entity Name MACMILLAN COLLEGE PUBLISHING COMPANY, INC. 04-13-2000 90101 001 ***150.00 Principal Place of Business Mailing Address C/O COWEN & ASSOCIATES 1230 AVENUE OF THE AMERICAS 180 N. LASALLE ST. STE 1922 NEW YORK NY 10020 COSTOC CHICAGO IL 60601-2605 3. Mailing Address 2. Principal Place of Business Pearson Inc. 4/0 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1330 Avenue of the Americas City & State City & State 4. FEI Number Applied For 36-3580104 New York. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 10019 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) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. A 5 **EVT** ☐ Delete Addition TITLE TITLE Sayed, shaheda LAVACCA, JOHN NAME NAME 1330 Avenue of the Americas ONE LAKE STREET STREET ADDRESS STREET ADDRESS NY 10019 CITY-ST-ZIP New York, **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP ☐ Change X Delete TITLE TITLE FLEMEMNBAUM, ARIEH M wharton, Tom NAME NAME 1330 Brenne of the Bomericas 180 N. LASALLE ST. , STE 1922 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP New York, M CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOVANOVICH, PETER NAME NAME STREET ADDRESS ONE LAKE STREET STREET ADDRESS CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE DANCY, ROBERT L NAME NAME ONE LAKE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Change ☐ Addition TITLE ☐ Delete TITLE ETHRIDGE, WILLIAM NAME NAME STREET ADDRESS ONE LAKE STREET STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)