

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90155 043 ***150.00

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04052005 Chg-P CR2E034 (10/03)

DOCUMENT # P22053 1. Entity Name HG LAND CO., INC.					
Principal Place of Business 275 WASHINGTON STREET NEWTON, MA 02458			Mailing Address 275 WASHINGTON STREET NEWTON, MA 02458		
2. Principal Place of Business <i>C/Reed Elsevier Inc.</i> Suite, Apt. #, etc. <i>Two Newton Place-suite 350</i> City & State <i>Newton, MA</i> Zip <i>02458-1637</i>		3. Mailing Address <i>C/Reed Elsevier Inc.</i> Suite, Apt. #, etc. <i>Two Newton Place-suite 350</i> City & State <i>Newton, MA</i> Zip <i>02458-1637</i>		4. FEI Number 04-3016067	
Country USA		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 CT CORPORATION SYSTEM 1200 S. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME ARMOUR, MARK STREET ADDRESS 25 VICTORIA STREET CITY-ST-ZIP LONDON, UK	<input type="checkbox"/> Delete		TITLE NAME 1-3 strand, London STREET ADDRESS WC2N5JR CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME FOGARTY, KENNETH E STREET ADDRESS 275 WASHINGTON ST. CITY-ST-ZIP NEWTON, MA 02458	<input type="checkbox"/> Delete		TITLE NAME Two Newton Place-suite 350 STREET ADDRESS Newton, MA 02458-1637 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME HORBACZEWSKI, HENRY STREET ADDRESS 275 WASHINGTON ST. CITY-ST-ZIP NEWTON, MA 02458	<input type="checkbox"/> Delete		TITLE NAME 125 Park Avenue, 23rd Floor STREET ADDRESS New York, NY 10017 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FONTAINE, CHARLES P STREET ADDRESS 275 WASHINGTON ST CITY-ST-ZIP NEWTON, MA 02458	<input type="checkbox"/> Delete		TITLE NAME Two Newton Place-suite 350 STREET ADDRESS Newton, MA 02458-1637 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ARMOUR, MARK STREET ADDRESS 25 VICTORIA ST CITY-ST-ZIP LONDON, UK	<input type="checkbox"/> Delete		TITLE NAME 1-3 Strand, London STREET ADDRESS WC2N5JR CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: <i>Charles P. Fontaine</i> <i>Charles P. Fontaine - U.P. April 08 2005</i> <i>617/558-4918</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					