

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0000757 AV

DOCUMENT # P31671

1. Entity Name
HARPERCOLLINS PUBLISHERS INC.

02-14-2002 90046 006 ***150.00

Principal Place of Business
**10 EAST 53RD ST
 NEW YORK NY**

Mailing Address
**10 EAST 53RD ST
 NEW YORK NY**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **22-2812214** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JANE	
STREET ADDRESS	10 EAST 53RD ST	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERVASIO, JANET A	
STREET ADDRESS	10 EAST 53RD ST	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALVI, MICHAEL A.	
STREET ADDRESS	10 EAST 53RD ST	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	D'AGNES, GLENN	
STREET ADDRESS	10 EAST 53RD ST	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MURDOCH, K. RUPERT	
STREET ADDRESS	10 EAST 53RD ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	JAMES A. FOX	
STREET ADDRESS	10 EAST 53RD ST	
CITY-ST-ZIP	NEW YORK NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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: **SALVI, MICHAEL A.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Salvi
Vice President & Controller 1/28/02

Date Daytime Phone #

CR2E034 (9/01)