2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P40442

Entity Name: HMH SUPPLEMENTAL PUBLISHERS INC.

Current Principal Place of Business:

222 BERKELEY STREET
BOSTON, MA 02116 US

New Principal Place of Business:

Current Mailing Address:

6277 SEA HARBOR DRIVE
ATTN: TAX DEPT
ORLANDO, FL 32887 US

New Mailing Address:

FEI Number: 33-0147571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	LUCKI, ANTHONY	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	
Title:	D	( ) Delete
Name:	HUGHES, GERALD	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	
Title:	DV	( ) Delete
Name:	MULDOWNEY, MICHAEL	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	
Title:	DVS	( ) Delete
Name:	BAYERS, WILLIAM	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	
Title:	T	( ) Delete
Name:	LEONARD, JEFF	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	
Title:	AS	( ) Delete
Name:	RIDEOUT, KATHLEEN	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	FLAHERTY, JOSEPH	
Address:	222 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02116 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN RIDEOUT AS 01/08/2009

Electronic Signature of Signing Officer or Director — Date