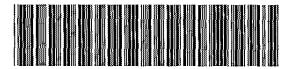
P40442

(Requestor's Name)					
(Address)					
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate:	s of Status			
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\$ •	ACCOUNT FILING COVER SHEET
ACCOUNT NUMBER	
REFERENCE: (Sub Account)	9608191-44
DATE:	Lexis Document Services
REQUESTOR HAHE:	Lexis Document Services
ADDRESS:	
relephone:	() () oxt ()
CONTACT NAME: .	
CORPORATION NAME	: Harcourt Supplemental Publishers Inc.
ocutent nutuen:	
.UTMORIZATION:	Conthin S. Woodyard F. Chand
CERTIFIED C CERTIFICATE PLAIN STAMP	OF STATUS (1-9)
) Call When R) Walk In) Wail Out	dady () Call if Problem () After 4:30 () Will Halt () Pick Up

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

this statement		02, 617.0502, 607.1508, or 617.1508, oration organized under the laws of th	
Delaware	in order to change its re	egistered office or registered agent, or	both, in the State
of Florida.			,
	of the corporation: Harcourt Su		
2. The princip	oal office address: 10801 N. Mor	pac Expressway, Building #3, A	ustin, TX 78759
			
3. The mailing address (if different):		·	
		-	AR T
4. Date of inc	orporation/qualification: 09/13	/1992 Document number:	P40442 MC
5. The name a Florida Dep	and street address of the current re partment of State:	gistered agent and registered office on	file with the RIA
	C T CORPORATION SYSTEM		> 0
	1200 SOUTH PINE ISLAND	ROAD	
	PLANTATION FL 33324		
	and street address of the new re	egistered agent (if changed) and /or n	egistered office (if
changed):	LexisNexis Document Solu	itions Inc.	
	3953 W.W. Kelley Road,	Fallahassee, FL 32311	·
	(P.O. Box or pers	onal mailbox NOT acceptable)	
The street ad agent, as cha	dress of its registered office and nged will be identical.	the street address of the business offic	e of its registered
		y adopted by its board of directors or s been notified in writing of the chang	
	licer, chairman by wee chairman of the board))
I hereby dece I further agre performance registered ag office addres	ept the appointment as registered ee to comply with the provisions of my duties, and I am familiar v gent. Or, if this document is bein is, I hereby confirm that the corp	l agent and agree to act in this capaci of all statutes relative to the proper a with and accept the obligation of my p g filed merely to reflect a change in th oration has been notified in writing o	ty, nd complete position as ne registered f this change.
rpelise		03/14/03	
If signing on be	ehalf of an entity:		
Melissa A.	-	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	· · · · · · · · · · · · · · · · · · ·

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *