

A. Ralph Mollis, Secretary of State Corporations Division 1-18 W. River Street Providence, RI 02904-2615 401.222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R LG L. 7-16-66 (h&c)) is subject to a penalty fee of \$25.00.

		o a penany jee oj \$25.00.						
1. ID No.	2. Exact	xact name of the limited liability company						
124419	СТВ/М	McGraw-Hill, LLC						
3. State of Formation 4. Brief description of the character of the business which				ch is actually conducted in Rhode Islan	d			
DELAWARE								
5. Principal office address 20 RYAN RANCH ROAD				MONTEREY	State C A	93940		
6. MAILING ADDRE	SS OF L	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
CONTROL OF RESACKS				City NEW YORK  State  NY  NEW YORK  State  NY  NY  NEW YORK  NEW YORK  NY  NEW YORK  NY  NEW YORK  NEW YORK				
Street Address 1221 AVE OF THE AMERICAS				NEW YORK	State N 4	10020		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Ζip	City	State	Zip		
Manager Namv				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State	Zip		
Agent Name			TOT ALTER - Changes	require filing of Form 642 -  Address	R.I.G.L. 7-1	6-11		
CORPORATION SERVICE COMPANY  Address				City		Zip	$\dashv$	
				WARWICK		02888-		
222 JEFFERSON BOULEVARD, SUITE 200				44W/44ICV 02888-		U2000-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED			
Check No.	OCT 3 1 2007			
Ву:	By 9000 402166			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Peter Scheschuk

Benior Vice President of THE MCGRPLO-HILL COMMINICIONS
Print or Type Name of Authorized Person CSOLE MEMBER! Print or Type Name of Authorized Person