2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000654

Entity Name: WOLTERS KLUWER FINANCIAL SERVICES, INC.

FILED Apr 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
6815 SAUK SAINT CLC	(VIEW DR DUD, MN 56303	3 US		100 S. 5TH MINNEAPO	STREET DLIS, MN 55402	US
Current Mailing Address:				New Mailing Address:		
WKUS LEG	0 LAKE COOK ROAD IUS LEGAL DEPT ERWOODS, IL 60015 US			2700 LAKE COOK ROAD WKUS LAW DEPT RIVERWOODS, IL 60015 US		
FEI Number:	41-1792530	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable () C	ertificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of Nev	/ Registered Agent:
1200 SOUT PLANTATIO	ORATION SYSTH PINE ISLANI ON, FL 33324	D ROAD US	.	f changing it	o registered offic	o ar registered agent or both
in the State		bmits this statement for the pu	rpose o	i changing it	s registerea onic	e or registered agent, or both,
SIGNATUR	RE:					
	Electronic	Signature of Registered Agen	t			Date
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D LONGE, BRIAN 6815 SAUKVIEW ST. CLOUD, MN			Title: Name: Address: City-St-Zip:	PD (X) CH LONGE, BRIAN 100 S. 5TH STREE MINNEAPOLIS, MN	
Title: Name: Address: City-St-Zip:	SEVP () D LENZ, BRUCE C 2700 LAKE COOI RIVERWOODS, I			Title: Name: Address: City-St-Zip:	() Ch	ange () Addition
Title: Name: Address: City-St-Zip:	D () C CARTWRIGHT, C 111 EIGHTH AVE NEW YORK, NY	, 13TH FLOOR		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition
Title: Name: Address: City-St-Zip:	VP () C GORDON, DALE 2700 LAKE COOI RIVERWOODS, I	K ROAD		Title: Name: Address: City-St-Zip:	VPAS (X) CH GORDON, DALE C 2700 LAKE COOK RIVERWOODS, IL	ROAD
Title: Name: Address: City-St-Zip:	D () C MCKINSTRY, NAI 111 EIGHTH AVE NEW YORK, NY	. 13TH FLOOR		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition
Title: Name: Address: City-St-Zip:	CFOT () C KUHN, PAUL 6815 SAUKVIEW ST. CLOUD, MN			Title: Name: Address: City-St-Zip:	() Ch	ange () Addition

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: DALE C. GORDON VPAS 04/07/2008