

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065147

Entity Name: SEISINT, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

6601 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

C/O REED ELSEVIER INC.
2 NEWTON PACE, STE 350
NEWTON, MA 024581637

New Mailing Address:

FEI Number: 65-0852445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
% C T 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: PD () Delete
Name: PECK, JAMES M
Address: 6601 PARK OF COMMERCE BLVD.
City-St-Zip: BOCA RATON, FL 32487

Title: SD () Delete
Name: THOMPSON, KENNETH R II
Address: 9443 SPRINGBORO PACE
City-St-Zip: MIAMISBURG, OH 45342

Title: DT () Delete
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 024581037

Title: D () Delete
Name: HORBACZEWSKI, HENRY Z
Address: 125 PARK AVE, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: VPT () Delete
Name: FONTAINE, CHARLES P
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 024581637

Title: D () Delete
Name: PROZES, ANDREW
Address: 125 PARK AVE, 23RD FL
City-St-Zip: NEW YORK, NY 10017

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: VP (X) Change () Addition
Name: INIGUEZ, RUBI L
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 024581637

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: RUBI L. INIGUEZ

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date