

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006673

**Entity Name:** JOHN WILEY & SONS, INC.

**Current Principal Place of Business:**

111 RIVER ST  
HOBOKEN, NJ 07030

**Current Mailing Address:**

111 RIVER ST  
HOBOKEN, NJ 07030 US

**FEI Number:** 13-5593032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name WILEY, JESSE C.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title PRESIDENT  
Name KISSNER, MATTHEW S.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title CORPORATE SECRETARY  
Name PIERRE-MERRITT, MARJORIE  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title TREASURER  
Name MONACO, KEVIN  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name BELL, GEORGE  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name BAKER, MARI J.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name MCDANIEL, RAYMOND W. JR.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name DOBSON, DAVID C.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

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*I hereby 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 all other like empowered.*

**SIGNATURE:** MARJORIE PIERRE-MERRITT

**CORPORATE  
SECRETARY**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BIRNBAUM, BETH A.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name SINGH, INDER M.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name PESCE, WILLIAM J.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030

Title DIRECTOR  
Name HEMPHILL, BRIAN O.  
Address 111 RIVER ST  
City-State-Zip: HOBOKEN NJ 07030