## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#822529**

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

**EVPD** 

**VPAS** 

( ) Delete

UPPER SADDLE RIVER, NJ 07458

( ) Delete

1330 AVENUE OF THE AMERICAS

COSTELLO, KATHRYN

NEW YORK, NY 10019

ONE LAKE STREET

WHARTON, TOM

Entity Name: ADDISON WESLEY LONGMAN, INC

FILED Apr 29, 2005 Secretary of State

Entity Nai	me: ADDISON	WESLEY LONGMAN, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
ONE LAKE SADDLE F	ESTREET RIVER, NJ 074	58					
Current Mailing Address:			New Mailing Address:				
1330 AVE	EN ZHANG, PER OF THE AMER RK, NY 10019						
FEI Number:	: 04-1016235	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	d ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAYS SUITE 105	S ST.	DRP. SYSTEM, INC.					
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent			ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ISLEY, JOHN C ONE LAKE STR UPPER SADDLE CEOP () JOVANOVICH, F ONE LAKE STR UPPER SADDLE	ERIVER, NJ 07458 Delete ETER	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HOFFMAN, P 1330 AVE OF NEW YORK, SVPD ( DANCY, ROB ONE LAKE S' UPPER SADE	THE AMERICAS NY 10019 X) Change ( ) Addition ERT L IREET DLE RIVER, NJ 07458		
Title: Name: Address: City-St-Zip:	WERNER, GEO ONE LAKE STR		Title: Name: Address: City-St-Zip:	WERNER, GE ONE LAKE S			
Title: Name: Address: City-St-Zip:	DOWLING, STE ONE LAKE STR		Title: Name: Address: City-St-Zip:	BROOKS, WI			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

SIGNATURE: TOM WHARTON VPAS 04/29/2005

(X) Change ( ) Addition

() Change () Addition

GOLDBERG, HARRIET

ONE LAKE STREET

City-St-Zip: UPPER SADDLE RIVER, NJ 07458