

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845023

FILED
Apr 28, 2008
Secretary of State

Entity Name: REED TECHNOLOGY AND INFORMATION SERVICES INC.

Current Principal Place of Business:

275 GIBRALTAR ROAD
HORSHAM, PA 19044 US

New Principal Place of Business:

Current Mailing Address:

C/O REED ELSEVIER INC
TWO NEWTON PLACE, STE 350
NEWTON, MA 024581637 US

New Mailing Address:

FEI Number: 23-1671012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: S () Delete
Name: THOMPSON, KENNETH R III
Address: 9443 SPRINGBORO PIKE
City-St-Zip: MIAMISBURG, OH 45342

Title: T () Delete
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE, STE 350
City-St-Zip: NEWTON, MA 024581637

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

Title: P () Delete
Name: HARDMAN, SAMUEL
Address: 275 GIBRALTAR ROAD
City-St-Zip: HORSHAM, PA 19044

Title: CD () Delete
Name: HARDMAN, SAMUEL G
Address: 275 GIBRALTAR ROAD
City-St-Zip: HORSHAM, PA 19044

Title: DVP () Delete
Name: FONTAINE, CHARLES P.
Address: 2 NEWTON PLACE, STE 350
City-St-Zip: NEWTON, MA 02458

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES P. FONTAINE

DVP

04/28/2008

Electronic Signature of Signing Officer or Director

Date