

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845023

FILED  
Apr 28, 2009  
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  
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, STE 350  
City-St-Zip: NEWTON, MA 02458

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