

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001962

FILED
Apr 20, 2006
Secretary of State

Entity Name: ELSEVIER INC.

Current Principal Place of Business:

360 PARK AVENUE
NEW YORK, NY 100101710

New Principal Place of Business:

Current Mailing Address:

C/O REED ELSEVIER INC.
TWA NEWTON PLACE, SUITE 350
NEWTON, MA 02468

New Mailing Address:

FEI Number: 13-1958712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS 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: PD () Delete
Name: REGAZZI, JOHN J
Address: 360 PARK AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: CEO () Delete
Name: NAIRN, BRIAN
Address: 360 PARK AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: CFO () Delete
Name: VERHAGEN, FRANK
Address: 625 WALNUT STREET, STE 300
City-St-Zip: PHILADELPHIA, PA 19106

Title: COO () Delete
Name: MARKOVAC, JASNA
Address: 525 B STREET, SUITE 1900
City-St-Zip: SAN DIEGO, CA 921014495

Title: V () Delete
Name: DIETZ, ROLAND D.J.
Address: 360 PARK AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: V () Delete
Name: FONTAINE, CHARLES P.
Address: TWO NEWTON PLACE SUITE 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: FONTAINE, CHARLES P.
Address: TWO NEWTON PLACE SUITE 350
City-St-Zip: NEWTON, MA 02458

I hereby certify that the information supplied with this filing does not qualify for the 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

VP

04/20/2006

Electronic Signature of Signing Officer or Director

Date