(Re	equestor's Name)	····································
( <b>A</b> d	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



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07/02/08--01004--020 \*\*35.00

07/02/08--01004--021 \*\*8.75



1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

July 2, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7287894 SO

Customer Reference 1:

None Given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Elsevier Inc. (NY) Change of Agent Florida

Elsevier Inc. (NY) Obtain Document - Misc - Certified Copy of Certificate of Change of Registered Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of New York r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Elsevier Inc.
2. The principal	office address: 360 Park Avenue, New York, New York, 10010-1710
3. The mailing ac	ddress (if different): c/o Reed Elsevier Inc., 2 Newton Place, Suite 350, Newton, MA 02468
4. Date of incorp	poration/qualification: 04/18/2003 Document number: F03000001962
	I street address of the current registered agent and registered office on file with the the threat of State:
	LexisNexis Document Solutions Inc.
	1201 Hays Street
	Tallahassee, FL 32301  I street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	(P.O. Box NOT acceptable)  Plantation, Florida 33324
	ess of its registered office and the street address of the business office of its registered agent, be identical.  as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Benees	Renee P. Simonton, Vice President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.  CT Corporation System  A Willey  gnature of Registered Agent)  (Date)
If signing on be	chalf of an entity:
Kathryn	A. W: Odoes Assistant Secretary Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*