

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002948

Entity Name: MATTHEW BENDER & COMPANY, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

744 BROAD STREET
NEWARK, NJ 07102

New Principal Place of Business:

Current Mailing Address:

C/O REED ELSEVIER INC
2 NEWTON PLACE STE 350
NEWTON, MA 02458

New Mailing Address:

FEI Number: 14-0499170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS
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: WALSH, MICHAEL F
Address: 9443 SPRINGBORO PIKE
City-St-Zip: MIAMISBURG, OH 453432

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

Title: S () Delete
Name: HORBACZEWSKI, HENRY Z
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 010017

Title: T () Delete
Name: FOGARTY, KENNETH E
Address: 2 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:

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