

Division of Corporations  
**F10000000687** Page 1 of 2

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5368

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Ovid Technologies, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	<del>\$70.00</del>

\$1470.00  
 1320.00

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Ovld Technologies, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erin Sanders

Name of Person

Walters Kluwer

Firm/Company

2700 Lake Cook Rd

Address

Riverwoods IL 60015

City/State and Zip code

erin.sanders@walterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Sanders

Name of Person

at (847) 580-5045

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Ovid Technologies, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 13-3333107  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 09/03/1993 5. Perpetual  
(Date of incorporation) (Question: Year corp. will cease to exist or "perpetual")

6. 01/01/2004  
(Date first transacted business in Florida, if prior to registration)  
(SBB SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 333 Seventh Ave, 20th floor, New York, NY 10001  
(Principal office address)

same  
(Current mailing address)

8. electronic medical, scientific, and academic research information solutions  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System  
By: [Signature] James M. Halpin  
(Registered agent's signature) Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA  
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12. Name and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS SEE ATTACHMENT

President: Karen Abramson

Address: 333 Seventh Ave, 20th floor  
New York, NY 10001

Vice President: Richard J. Parker

Address: 2700 Lake Cook Road  
Riverwoods, IL 60015

Secretary: Deidra D. Gold

Address: 2700 Lake Cook Road, Riverwoods, IL 60015

Treasurer: Bacilio Palomo

Address: 323 Norristown Rd, Ambler, PA 19002

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Peter F. Healy*  
(Signature of Director or Officer listed in number 12 of the application)

14. Peter F. Healy Vice President  
(Typed or printed name and capacity of person signing application)

**Attachment to Florida  
Officers & Directors**

1	Full Name:	Peter F. Healy
	Officer/Director:	Officer
	Officer's Title:	Assistant Treasurer, VP and Assistant Secretary
	Director's Title:	NA
	Business Address:	2700 Lake Cook Road
	City:	Riverwoods
	State:	IL
	ZIP Code:	60015
2	Full Name:	Karen Abramson
	Officer/Director:	Officer, Director
	Officer's Title:	President & CEO
	Director's Title:	Director
	Business Address:	333 Seventh Ave, 20th floor
	City:	New York
	State:	NY
	ZIP Code:	10001
3	Full Name:	Basilio Palomo
	Officer/Director:	Officer, Director
	Officer's Title:	Treasurer, CFO & EVP
	Director's Title:	Director
	Business Address:	323 Norristown Rd
	City:	Ambler
	State:	PA
	ZIP Code:	19002
4	Full Name:	Robert Becker
	Officer/Director:	Director
	Officer's Title:	NA
	Director's Title:	Director
	Business Address:	76 Ninth Ave, 7th floor
	City:	New York
	State:	NY
	ZIP Code:	10011

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OVID TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

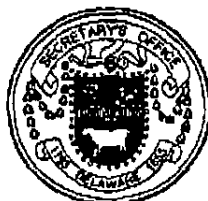
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7803990

DATE: 02-09-10