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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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Phone : (850)222-1092
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CORPORATION REINSTATEMENT

ELSEVIER STM INC.

Certificate of Status	0
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Director and Officers Report with Work add Elsevier STM Inc.

Company Name

1 Elsevier STM Inc.

Appointments

Appointed person	Appointed as	Work address
Fogarty, Kenneth E.	Director	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Horbaczewski, Henry Z.	Director	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Simonton, Renee	Director	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Horbaczewski, Henry Z.	President	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Fogarty, Kenneth E.	Vice President	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Goldweitz, Julie A.	Vice President	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Simonton, Renee	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Iniguez, Rubi L.	Vice President-Tax	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Goldweitz, Julie A.	Secretary	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Fogarty, Kenneth E.	Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Iniguez, Rubi L.	Assistant Secretary	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
DeMarco, Michele L.	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Formica, Lynn M.	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Iniguez, Rubi L.	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Simonton, Renee	Assistant Secretary	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States

2009 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000409

1. Entity Name
ELSEVIER STM INC.

Principal Place of Business	Mailing Address
6277 SEA HARBOR DR ORLANDO, FL 32887 US	6277 SEA HARBOR DR ATTN: TAX DEPT ORLANDO, FL 32887 US

07072009 RE/N-P CR2E095 (1/07)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
2 Newton Place	1105 North Market Street
Suite, Apt. #, etc. Suite 350	Suite, Apt. #, etc. Suite 501
City & State Newton, MA	City & State Wilmington, DE
Zip: 02458 Country: USA	Zip: 19801 Country: USA

4. FEI Number
13-1936377
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCSD ABRAMOWSKI, RICHARD G 6277 SEA HARBOUR DR ORLANDO, FL 32887	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SEE ATTACHED
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BAYERS, WILLIAM F 2 NEWTON PLACE SUITE 350 3RD FLOOR NEWTON, MA 02458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP FAGAN, RAYMOND D 6277 SEA HARBOR DRIVE ORLANDO, FL 32887	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS BEEMAN, YVETTE A 2 NEWTON PLACE SUITE 350 3RD FLOOR NEWTON, MA 02458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VATA FONTAINE, CHARLES P 2 NEWTON PLACE, STE 350 NEWTON, MA 02458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FOGARTY, KENNETH E 2 NEWTON PLACE, STE 350 NEWTON, MA 02458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee Simonton RENEE SIMONTON VICE PRESIDENT 7/7/09 3028848511
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

DC 7/8