

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F93000000409

FILED
Aug 25, 2009
Secretary of State**Entity Name:** ELSEVIER STM INC.**Current Principal Place of Business:**2 NEWTON PLACE
SUITE 350
NEWTON, MA 02458 US**New Principal Place of Business:****Current Mailing Address:**3102 NORTH MARKET STREET
SUITE 501
WILMINGTON, DE 19801 US**New Mailing Address:**1105 NORTH MARKET STREET
SUITE 501
WILMINGTON, DE 19801 US**FEI Number:** 13-1935377**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**OFFICERS AND DIRECTORS:**

Title: DP () Delete
Name: HORBACZEWSKI, HENRY Z
Address: 125 PARK AVENUE, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017 US

Title: DVP () Delete
Name: SIMONTON, RENEE
Address: 1105 N. MARKET STR. 5TH FLOOR
City-St-Zip: WILMINGTON, DE 19801 US

Title: VPS () Delete
Name: GOLDWEITZ, JULIE A
Address: 125 PARK AVENUE, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017 US

Title: VPAS () Delete
Name: INIGUEZ, RUBI L
Address: 2 NEWTON PLACE, 3RD FLR, 255 WASHINGTON ST
City-St-Zip: NEWTON, MA 02458 US

Title: AT () Delete
Name: DEMARCO, MICHELE L
Address: 2 NEWTON PLACE, 3RD FLR, 255 WASHINGTON ST
City-St-Zip: NEWTON, MA 02458 US

Title: DVPT () Delete
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE, 3RD FLR, 255 WASHINGTON ST
City-St-Zip: NEWTON, MA 02458 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: RENEE SIMONTON

VP

08/25/2009

Electronic Signature of Signing Officer or Director_____
Date