

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90131 012 ***150.00

DOCUMENT # F93000003880

1. Corporation Name

REED BOOKS INC.

Principal Place of Business

C/O REED ELSEVIER INC
275 WASHINGTON STREET
NEWTON MA 02158

Mailing Address

C/O REED ELSEVIER INC
275 WASHINGTON STREET
NEWTON MA 02158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

51-0334344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 02458 25

28 Zip Country

29 02458 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, PAUL	
STREET ADDRESS	132C	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	HORBACZEWSKI, HENRY Z	
STREET ADDRESS	275 WASHINGTON ST	
CITY-ST-ZIP	NEWTON MA 02158	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANG, VERA	
STREET ADDRESS	275 WASHINGTON ST	
CITY-ST-ZIP	NEWTON MA 02158	
TITLE	ATAS	<input type="checkbox"/> DELETE
NAME	FONTAINE, CHARLES P III	
STREET ADDRESS	275 WASHINGTON ST	
CITY-ST-ZIP	NEWTON MA 02158	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200 PARK AVENUE, 17th FLOOR
1.4 CITY-ST-ZIP	NEW YORK, NY 10166
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NEWTON, MA 02458
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	NEWTON, MA 02458
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FONTAINE, CHARLES P.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	NEWTON, MA 02458
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles P. Fontaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES P. FONTAINE

ASST. TREASURER

Date

4/29/1999

Daytime Phone #

(617) 558-4918

CR2E034 (11/98)

REED BOOKS INC.
361 Hanover St., Portsmouth, NH 03801
FEIN: 51-0334344

F93000003880
532344901312

NAMES, TITLES, & BUSINESS ADDRESSES OF OFFICERS AND DIRECTORS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
President Director	Paul Richardson	200 Park Avenue, 17th floor New York, NY 10166
Vice President & Secretary Director	Henry Horbaczewski	275 Washington Street Newton, MA 02458
Treasurer	Vera Lang	275 Washington Street Newton, MA 02458
Assistant Secretary & Assistant Treasurer	Charles P. Fontaine	275 Washington Street Newton, MA 02458

ALL OFFICERS REMAIN IN OFFICE UNTIL SUCCESSORS ARE DULY ELECTED AND QUALIFIED

04/27/1999