

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003880

1. Entity Name

REED BOOKS INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90162 003 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O REED ELSEVIER INC  
275 WASHINGTON STREET  
NEWTON MA 02458

C/O REED ELSEVIER INC  
275 WASHINGTON STREET  
NEWTON MA 02458-1646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0334344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEXIS DOCUMENT SERVICE INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RICHARDSON, PAUL  
STREET ADDRESS 200 PARK AVE, 17TH FL  
CITY-ST-ZIP NEW YORK NY 10166  
☐ Delete  
TITLE SVD  
NAME HORBACZEWSKI, HENRY Z  
STREET ADDRESS 275 WASHINGTON ST  
CITY-ST-ZIP NEWTON MA 02458  
☐ Delete

TITLE PD  
NAME RICHARDSON, PAUL  
STREET ADDRESS 2 PARK AVENUE 7TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10016  
☒ Change ☐ Addition  
TITLE SVD  
NAME HORBACZEWSKI, HENRY Z  
STREET ADDRESS 275 WASHINGTON ST  
CITY-ST-ZIP NEWTON MA 02458  
☐ Change ☐ Addition

TITLE T  
NAME LANG, VERA  
STREET ADDRESS 275 WASHINGTON ST  
CITY-ST-ZIP NEWTON MA 02458  
☐ Delete  
TITLE ATAS  
NAME FONTAINE, CHARLES P III  
STREET ADDRESS 275 WASHINGTON ST  
CITY-ST-ZIP NEWTON MA 02458  
☐ Delete

TITLE T  
NAME LANG, VERA  
STREET ADDRESS 2 PARK AVENUE 7TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10016  
☒ Change ☐ Addition  
TITLE ATAS  
NAME FONTAINE, CHARLES P.  
STREET ADDRESS 275 WASHINGTON STREET  
CITY-ST-ZIP NEWTON, MA 02458  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 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 11 or Block 12 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

ASST. TREASURER

APRIL 27, 2000 (617) 558-4918  
Date Daytime Phone #

CHARLES P. FONTAINE

CR2E034 (9/99)