

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003880

Entity Name: REED BOOKS INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

C/O REED ELSEVIER INC  
2 NEWTON PLACE, SUITE 350  
NEWTON, MA 024581637

## New Principal Place of Business:

## Current Mailing Address:

C/O REED ELSEVIER INC  
2 NEWTON PLACE, SUITE 350  
NEWTON, MA 024581637

## New Mailing Address:

FEI Number: 51-0334344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HORBACZEWSKI, HENRY  
Address: 125 PARK AVE 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

Title: AT ( ) Delete  
Name: FONTAINE, CHARLES P  
Address: 2 NEWTON PLACE, SUITE 350  
City-St-Zip: NEWTON, MA 024581637

Title: D ( ) Delete  
Name: FOGARTY, KENNETH E  
Address: 2 NEWTON PLACE, SUITE 350  
City-St-Zip: NEWTON, MA 024581637

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AT (X) Change ( ) Addition  
Name: INIGUEZ, RUBI L  
Address: 2 NEWTON PLACE, SUITE 350  
City-St-Zip: NEWTON, MA 024581637

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: RUBI L. INIGUEZ

AT

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date