

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003881

FILED
Apr 20, 2006
Secretary of State

Entity Name: WILLIAM HEINEMANN INC.

Current Principal Place of Business:

C/O REED ELSEVIER INC
2 NEWTON PLACE, SUITE 350
NEWTON, MA 02458

New Principal Place of Business:

Current Mailing Address:

C/O REED ELSEVIER INC
2 NEWTON PLACE, SUITE 350
NEWTON, MA 02458

New Mailing Address:

FEI Number: 13-3064175 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: HORBACZESKI, HENRY Z
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: VPAS () Delete
Name: GOLDWEITZ, JULIE A
Address: 125 PARK AVE 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017

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

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

Title: CD () Delete
Name: RUSBRIDGE, MICHAEL J
Address: ORIEL HOUSE 26 THE QUADRANT
City-St-Zip: SURREY, TW9 1DL ENGLAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Name:
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES P. FONTAINE

ASAT

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date