2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N20557

Entity Name: FOUNDATION FOR MARINE ANIMAL HUSBANDRY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0063394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: PD ( ) Delete
Name: ARMOUR, MARK
Address: 1-3 STRAND
City-St-Zip: LONDON, ENGLAND, WC2NSJR

Title: VPSD ( ) Delete
Name: HORBECZEWSKI, HENRY Z
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: VP ( ) Delete
Name: HORBACZEWSKI, HENRY
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: VPT ( ) Delete
Name: FONTAINE, CHARLES P
Address: TWO NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: T ( ) Delete
Name: FOGARTY, KENNETH E
Address: TWO NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P. FONTAINE VPT 04/20/2006

Electronic Signature of Signing Officer or Director — Date