

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038329

Entity Name: GOLD STANDARD, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

302 KNIGHTS RUN AVE. SUITE 800
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

C/O REED ELSEVIER INC - 2 NEWTOWN PLACE
SUITE 350
NEWTON, MA 02452 US

New Mailing Address:

FEI Number: 59-3171676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: THOMAS, RUSSELL
Address: 320 W KENNEDY BLVD STE 400
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: NAIR, BRIAN
Address: 360 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: VPAT () Delete
Name: FONTAINE, CHARLES P
Address: C/O REED ELSEVIER INC. - 2 NEWTON PLACE
City-St-Zip: NEWTON, MA 02458

Title: T () Delete
Name: FOGARTY, KENNETH E
Address: C/O REED ELSEVIER INC. - 2 NEWTON PLACE
City-St-Zip: NEWTON, MA 02458

Title: VPS () Delete
Name: SEELEY, MARK L
Address: 30 CORPORATE DRIVE
City-St-Zip: BURLINGTON, MA 01803

Title: D () Delete
Name: TAS, MENNO
Address: 360 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: NAIRN, BRIAN
Address: 30 CORPORATE DRIVE
City-St-Zip: BURLINGTON, MA 01803

Title: D (X) Change () Addition
Name: CHALES, RANDOLPH
Address: 360 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

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 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

VPAT

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date