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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT

ELSEVIER STM INC.

Certificate of Status	0
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Corporate Filing Menu

Help

Director and Officers Report with Work add Elsevier STM Inc.

Company Name

1 Elsevier STM Inc.

Appointments


Appointed person	Appointed as	Work address
Fogarty, Kenneth E.	Director	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Horbaczewski, Henry Z.	Director	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Simonton, Renee	Director	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Horbaczewski, Henry Z.	President	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Fogarty, Kenneth E.	Vice President	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Goldweitz, Julie A.	Vice President	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Simonton, Renee	Vice President	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States
Iniguez, Rubi L.	Vice President-Tax	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Goldweitz, Julie A.	Secretary	125 Park Avenue, 23rd Floor, New York NY 10017, United States
Fogarty, Kenneth E.	Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Iniguez, Rubi L.	Assistant Secretary	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
DeMarco, Michele L.	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Formica, Lynn M.	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Iniguez, Rubi L.	Assistant Treasurer	2 Newton Place, Third Floor, 255 Washington Street, Newton MA 02458, United States
Simonton, Renee	Assistant Secretary	1105 N. Market Street, Fifth Floor, Wilmington DE 19801, United States

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000408			
1. Entity Name ELSEVIER STM INC.			
Principal Place of Business 6277 SEA HARBOR DR ORLANDO, FL 32887 US		Mailing Address 6277 SEA HARBOR DR ATTN: TAX DEPT ORLANDO, FL 32887 US	
2. Principal Place of Business No P.O. Box # 2 Newton Place		3. Mailing Address 1105 North Market Street	
Suite, Apt., #, etc. Suite 390		Suite, Apt., #, etc. Suite 501	
City & State Newton, MA		City & State Wilmington, DE	
4. FEI Number 13-1936377	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	58.75 Additional Fee Required		
5. Name and Address of Current Registered Agent C. T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
NOTE: Registered Agent signature required when reinstated.			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VCSD	TITLE	SEE ATTACHED
NAME	ABRAMOWSKI, RICHARD G	NAME	
STREET ADDRESS	6277 SEA HARBOUR DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32887	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	BAYERS, WILLIAM F	NAME	
STREET ADDRESS	2 NEWTON PLACE SUITE 350 3RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEWTON, MA 02458	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	FAGAN, RAYMOND D	NAME	
STREET ADDRESS	6277 SEA HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32887	CITY-ST-ZIP	
TITLE	VAS	TITLE	
NAME	BEEMAN, YVETTE A	NAME	
STREET ADDRESS	2 NEWTON PLACE SUITE 350 3RD FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEWTON, MA 02458	CITY-ST-ZIP	
TITLE	VATA	TITLE	
NAME	FONTAINE, CHARLES P	NAME	
STREET ADDRESS	2 NEWTON PLACE, STE 350	STREET ADDRESS	
CITY-ST-ZIP	NEWTON, MA 02458	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	FOGARTY, KENNETH E	NAME	
STREET ADDRESS	2 NEWTON PLACE, STE 350	STREET ADDRESS	
CITY-ST-ZIP	NEWTON, MA 02458	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Reene Simonon</u>		RENEE SIMONON VICE PRESIDENT 7/7/09 3028848511	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

REINSTATEMENT 08-09

08/7/8