



Florida Profit

SEISINT, INC.

PRINCIPAL ADDRESS
6601 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
Changed 07/06/2005

MAILING ADDRESS
C/O REED GLAUTR DEC
TWO NEWTON PACE, STE 350
NEWTON MA 02458-1637
Changed 07/06/2005

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07/23/1998

Christine Varad v. Reed Elsevier Incorporated
State
FL

Status
ACTIVE

Effective Date
NONE

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Last Event
AMENDMENT

Event Date Filed
09/14/2005

Event Effective Date
NONE

Registered Agent

Name & Address
C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
Name Changed: 06/09/2005
Address Changed: 06/09/2005

Officer/Director Detail

Name & Address	Title
CAMERON, PAUL S 6601 PARK OF COMMERCE BLVD. BOCA RATON FL 32487	PD

*Exhibit A,
Page 1.*

JACOBS, MICHAEL A 9443 SPRINGBORO PACE MIAMISBURG OH 45342	SD
FOGARTY, KENNETH E TWO NEWTON PLACE, SUITE 350 NEWTON MA 02458-1037	DT
HORBACZEWSKI, HENRY Z 125 PARK AVE, 23RD FLOOR NEW YORK NY 10017	D
FONTAINE, CHARLES P TWO NEWTON PLACE, SUITE 350 NEWTON MA 02458-1637	VPT
PROZES, ANDREW 125 PARK AVE, 23RD FL NEW YORK NY 10017	D

Annual Reports

Report Year	Filed Date
2004	03/31/2004
2005	07/06/2005
2006	04/20/2006

[Previous Filing](#)

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Document Images

Listed below are the images available for this filing.

- [04/20/2006 -- ANNUAL REPORT](#)
- [09/14/2005 -- Amendment](#)
- [07/06/2005 -- ANN REP/UNIFORM BUS REP](#)
- [06/09/2005 -- Reg. Agent Change](#)
- [08/31/2004 -- Merger](#)
- [05/21/2004 -- Articles of Correction](#)
- [05/10/2004 -- Amendment](#)
- [03/31/2004 -- ANN REP/UNIFORM BUS REP](#)
- [03/29/2004 -- Amendment](#)
- [04/18/2003 -- ANNUAL REPORT](#)
- [05/14/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
- [09/17/2001 -- Restated Articles](#)
- [05/24/2001 -- Amendment](#)
- [04/03/2001 -- ANN REP/UNIFORM BUS REP](#)

*Exhibit A,
Page 2.*

02/20/2001 -- Amended/Restated Article/NC
03/13/2000 -- ANN REP/UNIFORM BUS REP
06/30/1999 -- Merger
06/29/1999 -- Amended and Restated Articles
04/22/1999 -- Restated Articles & Name Chan
04/07/1999 -- ANNUAL REPORT
11/23/1998 -- Reg. Agent Change
07/23/1998 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



*Exhibit A,
page 3.*

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P98000065147

Entity Name: SEISINT, INC.

Current Principal Place of Business:

6601 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

C/O REED GLAUTR DEC
TWO NEWTON PACE, STE 350
NEWTON, MA 024581637

New Mailing Address:

FEI Number: 85-0852445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
% 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: PD () Delete
Name: PECK, JAMES M
Address: 1150 18TH STREET NW, SUITE 800
City-St-Zip: WASHINGTON, DC 20036

Title: SD () Delete
Name: JACOBS, MICHAEL A
Address: 8443 SPRINGBORO PACE
City-St-Zip: MIAMISBURG, OH 45342

Title: DT () Delete
Name: FOGARTY, KENNETH E
Address: TWO NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 024581037

Title: D () Delete
Name: HORBACZEWSKI, HENRY Z
Address: 125 PARK AVE, 23RD FLOOR
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 024581637

Title: D () Delete
Name: PROZES, ANDREW
Address: 125 PARK AVE, 23RD FL
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMERON, PAUL S
Address: 6601 PARK OF COMMERCE BLVD.
City-St-Zip: BOCA RATON, FL 32487

Title: SD (X) Change () Addition
Name: JACOBS, MICHAEL A
Address: 9443 SPRINGBORO PACE
City-St-Zip: MIAMISBURG, OH 45342

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 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

VP

04/20/2006

Electronic Signature of Signing Officer or Director

Date

*Exhibit A,
page 4.*