

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214502900

1.) CORPORATION NAME:

**REED ELSEVIER INC.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0534695**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 255 Washington Street SUITE 350  
TAX DEPARTMENT

CITY/ST/ZIP: NEWTON, MA 02458-1637

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DUNCAN PALMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1-3 STRAND		
CITY/ST/ZIP/CO:	LONDON, WC2N5, UNITED KINGDOM (GREAT BRITAIN), , FN		
NAME:	JULIE GOLDWEITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/S/D		
ADDRESS:	125 PARK AVENUE		
CITY/ST/ZIP/CO:	23RD FLOOR NEW YORK, NY 10017		
NAME:	SCOTT LEIBOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	125 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		
NAME:	KENNETH R THOMPSON II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP D		
ADDRESS:	9443 SPRINGBORO PIKE		
CITY/ST/ZIP/CO:	MIAMISBURG, OH 45342		
NAME:	KENNETH E FOGARTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2 NEWTON PLACE SUITE 350		
CITY/ST/ZIP/CO:	NEWTON, MA 02458		
NAME:	RENEE SIMONTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1105 NORTH MARKET ST		
CITY/ST/ZIP/CO:	STE 501 WILMINGTON, DE 19801		

NAME:	Peter Dangoia	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	255 Washington Street		
CITY/ST/ZIP/CO:	Suite 350 Newton, MA 02458		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ RENEE SIMONTON	RENEE SIMONTON, ASST	1/8/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.