

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

1-2

5-1-96 B-4272-C (1)

DOCUMENT # 811117  
1. Corporation Name  
**THE KIPLINGER WASHINGTON EDITORS, INC.**



Principal Place of Business Mailing Address  
**% TREASURER'S OFFICE  
1729 H STREET NW  
WASHINGTON DC 20006**

3. Date Incorporated or Qualified **12/19/1952** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **53-0094610** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | CD                       | <input type="checkbox"/> DELETE            |
| NAME           | KIPLINGER, AUSTIN H.     |  |
| STREET ADDRESS | 16801 RIVER ROAD         |  |
| CITY- ST- ZIP  | POOLESVILLE MD           |  |
| TITLE          | PD                       | <input type="checkbox"/> DELETE            |
| NAME           | KIPLINGER, KNIGHT A.     |  |
| STREET ADDRESS | 5024 SEDGWICK ST NW      |  |
| CITY- ST- ZIP  | WASHINGTON DC            |  |
| TITLE          | VD                       | <input type="checkbox"/> DELETE            |
| NAME           | KIPLINGER, TODD L.       |  |
| STREET ADDRESS | 5024 SEDGWICK ST NW      |  |
| CITY- ST- ZIP  | WASHINGTON, D.C. 0       |  |
| TITLE          | VTD                      | <input type="checkbox"/> DELETE            |
| NAME           | WILKES, CORBIN M.        |  |
| STREET ADDRESS | 3200 N. WOODROW ST.      |  |
| CITY- ST- ZIP  | ARLINGTON VA             |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | MAYO, JAMES O            |  |
| STREET ADDRESS | 6204 VERNON PALMER CT    |  |
| CITY- ST- ZIP  | MCLEAN, VA 00000         |  |
| TITLE          | VD                       | <input type="checkbox"/> DELETE            |
| NAME           | BRODERICK, STEPHEN J     |  |
| STREET ADDRESS | 508 WATTS BRANCH PARKWAY |  |
| CITY- ST- ZIP  | POTOMAC MD               |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME             |  |
| 3. STREET ADDRESS   |  |
| 4. CITY- ST- ZIP    |  |
| 2.1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2. NAME           |  |
| 2.3. STREET ADDRESS |  |
| 2.4. CITY- ST- ZIP  |  |
| 3.1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2. NAME           |  |
| 3.3. STREET ADDRESS |  |
| 3.4. CITY- ST- ZIP  |  |
| 4.1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2. NAME           |  |
| 4.3. STREET ADDRESS |  |
| 4.4. CITY- ST- ZIP  |  |
| 5.1. TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2. NAME           | <b>VD<br/>Miller, Theodore J.</b>  |
| 5.3. STREET ADDRESS | <b>5816 Colfax Avenue</b>  |
| 5.4. CITY- ST- ZIP  | <b>Alexandria, VA</b>  |
| 6.1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2. NAME           |  |
| 6.3. STREET ADDRESS |  |
| 6.4. CITY- ST- ZIP  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen F. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEPHEN F. MILLER

4/26/96

CR2E034 (12/95)

811117

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ATTACHMENT TO FLORIDA ANNUAL REPORT

1996

OFFICERS & DIRECTORS

S/D  
MATTHEWS, GARY  
5937 FRAIZER LANE  
McLEAN, VA. 22101