

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
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**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature typed or printed name of signing officer or director

DATE

DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen F. Miller*  
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