

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 811117 (1)**  
 1. Corporation Name  
**THE KIPLINGER WASHINGTON EDITORS, INC.**



Principal Place of Business <b>% TREASURER'S OFFICE          1729 H STREET NW          WASHINGTON DC 20006</b>	Mailing Address <b>% TREASURER'S OFFICE          1729 H STREET NW          WASHINGTON DC 20006</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1952</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>53-0094610</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIPLINGER, AUSTIN H.</b>	1.2 NAME	
STREET ADDRESS	<b>16801 RIVER ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POOLESVILLE MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIPLINGER, KNIGHT A.</b>	2.2 NAME	<b>Kiplinger, Knight A.</b>
STREET ADDRESS	<b>5024 SEDGWICK ST NW</b>	2.3 STREET ADDRESS	<b>3630 Fordham Road, N.W.</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>	2.4 CITY-ST-ZIP	<b>Washington, D.C. 20016</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIPLINGER, TODD L.</b>	3.2 NAME	
STREET ADDRESS	<b>4910 SCARSDALE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKES, CORBIN M.</b>	4.2 NAME	
STREET ADDRESS	<b>3200 N. WOODROW ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEODORE J MILLER</b>	5.2 NAME	
STREET ADDRESS	<b>5816 COLFAX AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODERICK, STEPHEN J</b>	6.2 NAME	
STREET ADDRESS	<b>508 WATTS BRANCH PARKWAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POTOMAC MD</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Janice K. Brantford* Janice K. Brantford 4/30/98 202 887-6442

CR2E034 (10/97)

ATTACHMENT TO FLORIDA ANNUAL REPORT

1998

OFFICERS & DIRECTORS

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S/D  
MATTHEWS, GARY  
5937 FRAZIER LANE  
MCLEAN, VA 22101