

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90026 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **811117**

1. Corporation Name
THE KIPLINGER WASHINGTON EDITORS, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/19/1952

4. FEI Number Applied For
53-0094610 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	3630 FORDHAM RD NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, TODD L.	
STREET ADDRESS	4910 SCARSDALE ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILKES, CORBIN M.	
STREET ADDRESS	3200 N. WOODROW ST.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THEODORE J MILLER	
STREET ADDRESS	5816 COLFAX AVE	
CITY-ST-ZIP	ALEXANDRIA VA	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Jack King W* 4/27/99 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)