


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90020 003 \*\*\*150.00

60024098



DOCUMENT # 811117					
1. Entity Name THE KIPLINGER WASHINGTON EDITORS, INC.					
Principal Place of Business % TREASURER'S OFFICE 1729 H STREET NW WASHINGTON, DC 20006		Mailing Address % TREASURER'S OFFICE 1729 H STREET NW WASHINGTON, DC 20006			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 53-0094610	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIPLINGER, AUSTIN H		NAME	W. Bogert Kiplinger	
STREET ADDRESS	1729 H. ST N.W.		STREET ADDRESS	1729 H. Street N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Washington, DC 20006	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIPLINGER, KNIGHT A		NAME	Carol F. LePere	
STREET ADDRESS	1729 H. ST N.W.		STREET ADDRESS	1729 H. Street N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Washington, DC 20006	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIPLINGER, TODD L		NAME	Melissa S. Bristow	
STREET ADDRESS	1729 H. ST N.W.		STREET ADDRESS	1729 H. Street N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Washington, DC 20006	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKES, CORBIN M		NAME	Fred W. Frailey	
STREET ADDRESS	1729 H. ST N.W.		STREET ADDRESS	1729 H., Street N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Washington, DC 20006	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMALLY, KEVIN J		NAME	Theodore J. Miller	
STREET ADDRESS	1729 H. ST N.W.		STREET ADDRESS	1729 H. Street N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Washington, DC 20006	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUDEAU, PATRICA		NAME	Denise M. Elliott	
STREET ADDRESS	1729 H. ST N.W.		STREET ADDRESS	1729 H. Street N.W.	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Washington, DC 20006	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Corbin Wilkes, Sr. VP &amp; CFO</i>		4/7/08		202-887-6446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	