


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005226 1. Entity Name KELLEY BLUE BOOK CO., INC.	
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Principal Place of Business 195 TECHNOLOGY DR IRVINE, CA 92618	Mailing Address 195 TECHNOLOGY DR IRVINE, CA 92618
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0873400	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 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOHNSON, PAUL A 195 TECHNOLOGY DR IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO JOHNSON, ALAN 195 TECHNOLOGY DR IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO MORRISON, JOHN W JR 195 TECHNOLOGY DR IRVINE, CA 92618
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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: John W. Morrison Jr. 2-20-07 (949)268-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #