FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90012 050 ***150.00

DOCUMENT # M 88900

1. Entity Name: Thomson Newsprint, Inc.

DO NOT WRITE IN THIS SPACE

B00093501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
% Thomson Newsprint Inc.		Metro Center	
Suite, Apt. # etc.: 1 Station Place		Suite, Apt. # etc.: 1 Station Place	
City & State: Stamford, CT		City & State: Stamford, CT	
Zip: 06902	Country: USA	Zip: 06902	Country: USA

4. FEI Number: 592895562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Prentice Hall Corporation System, Inc.
Street Address (P.O. Box Number is Not Acceptable): 201 Hays Street, Suite 105
City: Tallahassee FL Zip Code: 32301

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☒ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
D/VP/S	Michael Harris	1 Station Place	Stamford, CT 06902
D/VP/S	Edward A. Friedland	1 Station Place	Stamford, CT 06902
V/P	David Hulland	1 Station Place	Stamford, CT 06902
VP/Sec.	Leslie Flaw	1 Station Place	Stamford, CT 06902
V	Jim W. Schroeder	1 Station Place	Stamford, CT 06902
V	Ed Napolitano	1 Station Place	Stamford, CT 06902

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Flaw Vice President 4/24/02 (203) 322-9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #