

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

1-2

5-1-96 B-4272 -C
(1)

DOCUMENT # 811117
1. Corporation Name
THE KIPLINGER WASHINGTON EDITORS, INC.



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

3. Date Incorporated or Qualified **12/19/1952** 3a. Date of Last Report **05/01/1995**
4. FEI Number **53-0094610** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD KIPLINGER, AUSTIN H.	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16801 RIVER ROAD		2. NAME
STREET ADDRESS	POOLESVILLE MD		3. STREET ADDRESS
CITY- ST- ZIP			4. CITY- ST- ZIP
TITLE	PD KIPLINGER, KNIGHT A.	<input type="checkbox"/> DELETE	2.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5024 SEDGWICK ST NW		2.2. NAME
STREET ADDRESS	WASHINGTON DC		2.3. STREET ADDRESS
CITY- ST- ZIP			2.4. CITY- ST- ZIP
TITLE	VD KIPLINGER, TODD L.	<input type="checkbox"/> DELETE	3.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5024 SEDGWICK ST NW		3.2. NAME
STREET ADDRESS	WASHINGTON, D.C. 0		3.3. STREET ADDRESS
CITY- ST- ZIP			3.4. CITY- ST- ZIP
TITLE	VTD WILKES, CORBIN M.	<input type="checkbox"/> DELETE	4.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3200 N. WOODROW ST.		4.2. NAME
STREET ADDRESS	ARLINGTON VA		4.3. STREET ADDRESS
CITY- ST- ZIP			4.4. CITY- ST- ZIP
TITLE	SD MAYO, JAMES O	<input checked="" type="checkbox"/> DELETE	5.1. TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6204 VERNON PALMER CT		5.2. NAME
STREET ADDRESS	MCLEAN, VA 00000		5.3. STREET ADDRESS
CITY- ST- ZIP			5.4. CITY- ST- ZIP
TITLE	VD BRODERICK, STEPHEN J	<input type="checkbox"/> DELETE	6.1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	508 WATTS BRANCH PARKWAY		6.2. NAME
STREET ADDRESS	POTOMAC MD		6.3. STREET ADDRESS
CITY- ST- ZIP			6.4. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Stephen F. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN F. MILLER

4/26/96

CR2E034 (12/95)

811117

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ATTACHMENT TO FLORIDA ANNUAL REPORT

1996

OFFICERS & DIRECTORS

S/D
MATTHEWS, GARY
5937 FRAIZER LANE
McLEAN, VA. 22101