

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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: % TREASURER'S OFFICE, 1729 H STREET NW, WASHINGTON DC 20006
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
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: [X] Yes [] No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

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 (81-85)

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

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	5024 SEDGWICK ST NW	
CITY- ST- ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, TODD L.	
STREET ADDRESS	5024 SEDGWICK ST NW	
CITY- ST- ZIP	WASHINGTON, D.C. 0	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILKES, CORBIN M.	
STREET ADDRESS	3200 N. WOODROW ST.	
CITY- ST- ZIP	ARLINGTON VA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAYO, JAMES O	
STREET ADDRESS	6204 VERNON PALMER CT	
CITY- ST- ZIP	MCLEAN, VA 00000	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	VD Miller, Theodore J.
15. STREET ADDRESS	5816 Colfax Avenue
16. CITY- ST- ZIP	Alexandria, VA
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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