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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90026 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **811117**

1. Corporation Name
THE KIPLINGER WASHINGTON EDITORS, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/19/1952

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
53-0094610 Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **CD**
KIPLINGER, AUSTIN H.
 STREET ADDRESS **16801 RIVER ROAD**
 CITY-ST-ZIP **POOLESVILLE MD**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD**
KIPLINGER, KNIGHT A.
 STREET ADDRESS **3630 FORDHAM RD NW**
 CITY-ST-ZIP **WASHINGTON DC 20016**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD**
KIPLINGER, TODD L.
 STREET ADDRESS **4910 SCARSDALE ROAD**
 CITY-ST-ZIP **BETHESDA MD**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VTD**
WILKES, CORBIN M.
 STREET ADDRESS **3200 N. WOODROW ST.**
 CITY-ST-ZIP **ARLINGTON VA**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD**
THEODORE J MILLER
 STREET ADDRESS **5816 COLFAX AVE**
 CITY-ST-ZIP **ALEXANDRIA VA**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD**
BRODERICK, STEPHEN J
 STREET ADDRESS **508 WATTS BRANCH PARKWAY**
 CITY-ST-ZIP **POTOMAC MD**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Jack King W*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Daytime Phone #

CR2E034 (1/98)