

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90222 045 \*\*\*150.00

**DOCUMENT # 811117**

1. Entity Name

**THE KIPLINGER WASHINGTON EDITORS, INC.**

Principal Place of Business

Mailing Address

**% TREASURER'S OFFICE  
 1729 H STREET NW  
 WASHINGTON DC 20006**

**% TREASURER'S OFFICE  
 1729 H STREET NW  
 WASHINGTON DC 20006-3904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**53-0094610**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 BOLOMVO PL

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>KIPLINGER, AUSTIN H.</b>	
STREET ADDRESS	<b>16801 RIVER ROAD</b>	
CITY-ST-ZIP	<b>POOLESVILLE MD</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KIPLINGER, KNIGHT A.</b>	
STREET ADDRESS	<b>3630 FORDHAM RD NW</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20016</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KIPLINGER, TODD L.</b>	
STREET ADDRESS	<b>4910 SCARSDALE ROAD</b>	
CITY-ST-ZIP	<b>BETHESDA MD</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>WILKES, CORBIN M.</b>	
STREET ADDRESS	<b>3200 N. WOODROW ST.</b>	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>THEODORE J MILLER</b>	
STREET ADDRESS	<b>5816 COLFAX AVE</b>	
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BRODERICK, STEPHEN J</b>	
STREET ADDRESS	<b>508 WATTS BRANCH PARKWAY</b>	
CITY-ST-ZIP	<b>POTOMAC MD</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Alexander  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
 Date

2028876448  
 Daytime Phone #

CR2E034 (3/99)