

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90002 002 \*\*\*550.00

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



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

40123099



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt., #, etc.      Suite, Apt., #, etc.

City & State      City & State

Zip      Country      Zip      Country

05212007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 53-0094610      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KIPLINGER, AUSTIN H. <input type="checkbox"/> Delete 16801 RIVER ROAD POOLESVILLE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIPLINGER, KNIGHT A. <input type="checkbox"/> Delete 3630 FORDHAM RD NW WASHINGTON, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIPLINGER, TODD L. <input type="checkbox"/> Delete 4910 SCARSDALE ROAD BETHESDA, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILKES, CORBIN M. <input type="checkbox"/> Delete 3200 N. WOODROW ST. ARLINGTON, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORMALLY, KEVIN J <input type="checkbox"/> Delete 161 D STREET SE WASHINGTON, DC 20003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRODERICK, STEPHEN J <input checked="" type="checkbox"/> Delete 28 STERLING CT. ROCKVILLE, MD

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1729 H St., NW Washington, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1729 H St., NW Washington, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1729 H St., NW Washington, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1729 H St., NW Washington, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1729 H St., NS Washington, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Patricia J. Trudeau 1729 H St., NW Washington, DC 20006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Corbin M. Wilkes, CFO      Date: 6/27/07      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR