


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 003 ***150.00

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DOCUMENT # 811117					
1. Entity 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			
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	4. FEI Number 53-0094610	Applied For Not Applicable
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIPLINGER, AUSTIN H	NAME	W. Bogert Kiplinger		
STREET ADDRESS	1729 H. ST N.W.	STREET ADDRESS	1729 H. Street N.W.		
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	Washington, DC 20006		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIPLINGER, KNIGHT A	NAME	Carol F. LePere		
STREET ADDRESS	1729 H. ST N.W.	STREET ADDRESS	1729 H. Street N.W.		
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	Washington, DC 20006		
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIPLINGER, TODD L	NAME	Melissa S. Bristow		
STREET ADDRESS	1729 H. ST N.W.	STREET ADDRESS	1729 H. Street N.W.		
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	Washington, DC 20006		
TITLE	VTD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILKES, CORBIN M	NAME	Fred W. Frailey		
STREET ADDRESS	1729 H. ST N.W.	STREET ADDRESS	1729 H., Street N.W.		
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	Washington, DC 20006		
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCCORMALLY, KEVIN J	NAME	Theodore J. Miller		
STREET ADDRESS	1729 H. ST N.W.	STREET ADDRESS	1729 H. Street N.W.		
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	Washington, DC 20006		
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRUDEAU, PATRICA	NAME	Denise M. Elliott		
STREET ADDRESS	1729 H. ST N.W.	STREET ADDRESS	1729 H. Street N.W.		
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	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: <i>Corbin Wilkes, Sr. VP & CFO</i>		Date: <i>4/7/08</i>		Daytime Phone #: <i>202-887-6446</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					