

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811117 (1)

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 20006-3904



3. Date Incorporated or Qualified 12/19/1952	3a. Date of Last Report 05/01/1996
4. FEI Number 53-0084610	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, AUSTIN H.	
STREET ADDRESS	16801 RIVER ROAD	
CITY-STATE-ZIP	POOLESVILLE MD	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, KNIGHT A.	
STREET ADDRESS	5024 SEDGWICK ST NW	
CITY-STATE-ZIP	WASHINGTON DC	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIPLINGER, TODD L.	
STREET ADDRESS	5024 SEDGWICK ST NW	
CITY-STATE-ZIP	WASHINGTON, D.C. 0	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILKES, CORBIN M.	
STREET ADDRESS	3200 N. WOODROW ST.	
CITY-STATE-ZIP	ARLINGTON VA	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	THEODORE J MILLER	
STREET ADDRESS	5816 COLFAX AVE	
CITY-STATE-ZIP	ALEXANDRIA VA	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRODERICK, STEPHEN J	
STREET ADDRESS	508 WATTS BRANCH PARKWAY	
CITY-STATE-ZIP	POTOMAC MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KIPLINGER, TODD L.	
3.3 STREET ADDRESS	4910 SCARSDALE ROAD	
3.4 CITY-STATE-ZIP	BETHESDA, MARYLAND	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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.

SIGNATURE

[Signature]

[Signature]

CR2E034 (9/96)

ATTACHMENT TO FLORIDA ANNUAL REPORT

1997

OFFICERS & DIRECTORS

S/D
MATTHEWS, GARY
5937 FRAZIER LANE
MCLEAN, VA 22101