

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1952	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 53-0094610	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPLINGER, AUSTIN H.	1.2 NAME	
STREET ADDRESS	16801 RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POOLESVILLE MD	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPLINGER, KNIGHT A.	2.2 NAME	Kiplinger, Knight A.
STREET ADDRESS	5024 SEDGWICK ST NW	2.3 STREET ADDRESS	3630 Fordham Road, N.W.
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Washington, D.C. 20016
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPLINGER, TODD L.	3.2 NAME	
STREET ADDRESS	4910 SCARSDALE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKES, CORBIN M.	4.2 NAME	
STREET ADDRESS	3200 N. WOODROW ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE J MILLER	5.2 NAME	
STREET ADDRESS	5816 COLFAX AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODERICK, STEPHEN J	6.2 NAME	
STREET ADDRESS	508 WATTS BRANCH PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	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.

SIGNATURE: *Janice K. Brantford* Janice K. Brantford 4/30/98 202 887-6442

CR2E034 (10/97)

ATTACHMENT TO FLORIDA ANNUAL REPORT

1998

OFFICERS & DIRECTORS

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