

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811117

1. Entity Name

THE KIPLINGER WASHINGTON EDITORS, INC.

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

05-23-2000 90222 045 ***150.00

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

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

BOC10WVO RL

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 CD ☐ Delete
NAME KIPLINGER, AUSTIN H.
STREET ADDRESS 16801 RIVER ROAD
CITY-ST-ZIP POOLESVILLE MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME KIPLINGER, KNIGHT A.
STREET ADDRESS 3630 FORDHAM RD NW
CITY-ST-ZIP WASHINGTON DC 20016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KIPLINGER, TODD L.
STREET ADDRESS 4910 SCARSDALE ROAD
CITY-ST-ZIP BETHESDA MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME WILKES, CORBIN M.
STREET ADDRESS 3200 N. WOODROW ST.
CITY-ST-ZIP ARLINGTON VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME THEODORE J MILLER
STREET ADDRESS 5816 COLFAX AVE
CITY-ST-ZIP ALEXANDRIA VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BRODERICK, STEPHEN J
STREET ADDRESS 508 WATTS BRANCH PARKWAY
CITY-ST-ZIP POTOMAC MD

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/27/00

2028876448

CR2E034 (3/99)