

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90041 045 ***150.00

0584739

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**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.

SIGNATURE

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, 2001 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	KIPLINGER, AUSTIN H.	
STREET ADDRESS	16801 RIVER ROAD	
CITY-ST-ZIP	POOLESVILLE MD	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIPLINGER, KNIGHT A.	
STREET ADDRESS	3630 FORDHAM RD NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIPLINGER, TODD L.	
STREET ADDRESS	4910 SCARSDALE ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WILKES, CORBIN M.	
STREET ADDRESS	3200 N. WOODROW ST.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THEODORE J MILLER	
STREET ADDRESS	5816 COLFAX AVE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRODERICK, STEPHEN J	
STREET ADDRESS	508 WATTS BRANCH PARKWAY	
CITY-ST-ZIP	POTOMAC MD	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Corbin M. Wilkes

Corbin M. Wilkes
Vice President for Finance

3/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)