

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90002 002 \*\*\*550.00

**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

40123099



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

05212007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
53-0094610

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1729 H St., NW  
Washington, DC 20006 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1729 H St., NW  
Washington, DC 20006 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1729 H St., NW  
Washington, DC 20006 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1729 H St., NW  
Washington, DC 20006 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MCCORMALLY, KEVIN J  
161 D STREET SE  
WASHINGTON, DC 20003 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1729 H St., NS  
Washington, DC 20006 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BRODERICK, STEPHEN J  
28 STERLING CT.  
ROCKVILLE, MD ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Patricia J. Trudeau  
1729 H St., NW  
Washington, DC 20006 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #