## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## 811117 **DOCUMENT#**

1. Entity Name

THE KIPLINGER WASHINGTON EDITORS, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State
04-14-2003 90098 016 \*\*\*150.00

TITLE NAME NAME NAME NAME NAME NAME NAME NAM					COD WE					
2. Principal Place of Byselness    Suite, Apt. #, etc.    Suite, Apt	% TREASURER'S OFFICE 1729 H STREET NW		% TR 1729	% tréasurer's office 1729 h street NW						
City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. R.75 Additional Fee Pleaghted  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CT CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FIL 33324  City  FL  Zip Code  City  FL  Zip	2. Principal P	lace of Business	ling Address 🔔 - 🚤	· · · · · · · · · · · · · · · · · ·		68  0   4  6    80    80		OLDAN BIOSI O		
Zip Country Zip Country 5. Certificate of Status Desired Set. 58.75 Additional Replaced Agent 7. Name and Address of New Registered Agent 7. Name Address of New Registered Ag	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Cray	City & State			& State		4.	4. FEI Number 53-0094610			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zip Code	Zip	Country	Zip		Country	5.	Certificate of Status Desired			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zip Code		6. Name and Address of Co	urrent Registere	ed Agent		7.	Name and Address of New R	egistered Ag	ent	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City		. <u>.</u>			Name					
1200 SOUTH PINE: ISLAND ROAD	CT CORP	ORATION SYSTEM	•		Stroot A	Stroot Address (P.O. Boy Number is Not Acceptable)				
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    FILE NOW!!! FEE IS \$150.00	1200 SOL	JTH PINE ISLAND ROAD		Street Address			Box Number is Not Acceptable	)		
B. The above named antity 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, byear or printed name of implatment agent and the it applicable.   MOTE Regulated Agent signature required when encating)   DATE	PLANTATI	ON FL 33324		•						
SIGNATURE    File NOW!!   FEE IS \$150.00					City			FL	Zìp Cod	e
SIGNATURE    File NOW!!   FEE IS \$150.00	8. The above	named entity submits this stater	nent for the purp	ose of changing its	reaistered office or	registered a	gent, or both, in the State of Flo	rida. I am far	niliar with,	and accept
FILE NOW!!! FEE IS \$150.00  "After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE  TITLE  MAKE  TITLE  MAKE  TITLE  PO  TITLE  PO  TITLE  MAKE  KIPLINGER, AUSTIN H.  TITLE  PO  TITLE  MAKE  KIPLINGER, KNIGHT A.  SIREFADDRESS  SIREFADDRESS  CITY-ST-2P  TITLE  WASHINGTON DC 20016  TITLE  WASHINGTON DC 20016  TITLE  VD  MAKE  KIPLINGER, TODD L.  SIREFADDRESS  CITY-ST-2P  TITLE  VD  MILES, CORBIN M.  SIREFADDRESS  CITY-ST-2P  TITLE  VID  Delete  TITLE  NAME  SIREFADDRESS  S				3 <b>3</b>	J	Ť	<b>.</b>			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if app	olicable, (NOTE	: Registered Agent signatu	re required when	reinstating)	DATE		·
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	12. I hereby d		ed with this filina	does not qualify for	the exemption stat	ed in Section	n 119.07(3)(i), Florida Statutes: I	further certify	that the i	nformation

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

President for Enance

Daytime Phone #