

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90191 044 ***150.00

DOCUMENT # 843364

1. Entity Name
THOMSON PROFESSIONAL & REGULATORY INC.



Principal Place of Business
**2395 MIDWAY ROAD
CARROLLTON, TX 75006**

Mailing Address
**2395 MIDWAY ROAD
CARROLLTON, TX 75006**

50019207



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number
75-1297386

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **MARTIN, ROY**
STREET ADDRESS **395 HUDSON STREET**
CITY-ST-ZIP **NEW YORK, NY 10014**

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

TITLE **S** ☒ Delete
NAME **STENLEY, DEIRDRE**
STREET ADDRESS **ONE STATION PL**
CITY-ST-ZIP **STAMFORD, CT 06902**

TITLE **S** ☐ Change ☒ Addition
NAME **Edward A. Friedland**
STREET ADDRESS **One Station Place**
CITY-ST-ZIP **Stamford, CT 06902**

TITLE **T** ☐ Delete
NAME **HILL, CHARLES W.**
STREET ADDRESS **2395 MIDWAY ROAD**
CITY-ST-ZIP **CARROLLTON, TX 0,**

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

TITLE **D** ☒ Delete
NAME **STANLEY, DEIRDRE**
STREET ADDRESS **ONE STATION PLACE**
CITY-ST-ZIP **STAMFORD, CT 06902**

TITLE **D** ☐ Change ☒ Addition
NAME **Edward A. Friedland**
STREET ADDRESS **One Station Place**
CITY-ST-ZIP **Stamford, CT 06902**

TITLE **V** ☐ Delete
NAME **GIBNEY, ROBERT**
STREET ADDRESS **395 HUDSON ST.**
CITY-ST-ZIP **NEW YORK, NY 10014**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Vice President

Date

972-250-7000
Daytime Phone #