

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1297386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, ROY
STREET ADDRESS	395 HUDSON STREET
CITY-STATE-ZIP	NEW YORK, NY 10014

TITLE	S
NAME	FRIEDLAND, EDWARD A
STREET ADDRESS	ONE STATION PL
CITY-STATE-ZIP	STAMFORD, CT 06902

TITLE	T
NAME	HILL, CHARLES W.
STREET ADDRESS	2395 MIDWAY ROAD
CITY-STATE-ZIP	CARROLLTON, TX 0.

TITLE	D
NAME	FRIEDLAND, EDWARD
STREET ADDRESS	ONE STATION PLACE
CITY-STATE-ZIP	STAMFORD, CT 06902

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

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000706588
04/24/07-80039-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Charles W. Hill

4/6/07

Date

Daytime Phone #

972-250-7000