

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843364

FILED
May 01, 2008
Secretary of State

Entity Name: THOMSON PROFESSIONAL & REGULATORY INC.

Current Principal Place of Business:

2395 MIDWAY ROAD
CARROLLTON, TX 75006

New Principal Place of Business:

Current Mailing Address:

2395 MIDWAY ROAD
CARROLLTON, TX 75006

New Mailing Address:

FEI Number: 75-1297386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, ROY
Address: 395 HUDSON STREET
City-St-Zip: NEW YORK, NY 10014

Title: S () Delete
Name: FRIEDLAND, EDWARD A
Address: ONE STATION PL
City-St-Zip: STAMFORD, CT 06902

Title: T () Delete
Name: HILL, CHARLES W.,
Address: 2395 MIDWAY ROAD
City-St-Zip: CARROLLTON, TX 0,

Title: D () Delete
Name: FRIEDLAND, EDWARD
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: V () Delete
Name: GIBNEY, ROBERT
Address: 395 HUDSON ST.
City-St-Zip: NEW YORK, NY 10014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FRIEDLAND, EDWARD A
Address: ONE STATION PL
City-St-Zip: STAMFORD, CT 06902

Title: VP (X) Change () Addition
Name: SARI DWECK,
Address: 2395 MIDWAY ROAD
City-St-Zip: CARROLLTON,, TX 75006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PELOQUIN, DAVID
Address: 601 OPPERMAN DRIVE
City-St-Zip: EAGAN, MN 55123

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PELOQUIN

S

05/01/2008

Electronic Signature of Signing Officer or Director

Date