
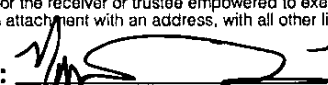


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000001465 1. Entity Name COMPUSERVE INTERACTIVE SERVICES, INC.						<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-5deg);">05 APR 27 PM 4:35</div> <div style="font-size: 14px; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 5000 ARLINGTON CENTER BLVD COLUMBUS, OH 43220				Mailing Address 22000 AOL WAY DULLES, VA 20166			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 54-1881008				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 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	AS WYCHULIS, KATHERINE E 22000 AOL WAY DULLES, VA 20166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Facilities Michael Bartscherer 22110 Pacific Blvd. Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BOE, RANDALL J 22000 AOL WAY DULLES, VA 20166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Controller Thomas R. Colan 22000 AOL Way Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, JOEL M 5000 ARLINGTON CENTRE BLVD. COLUMBUS, OH 43220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Philip J. Hoey 5000 Arlington Center Blvd. Columbus, OH 43220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SWAD, STEPHEN M 22000 AOL WAY DULLES, VA 20166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT Annaliese S. Kambour One Time Warner Center New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LU, CURTIS P 22000 AOL WAY DULLES, VA 20166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Tax Diane Rohleder Watkinson 22000 AOL Way Dulles, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, JOHN E 22260 PACIFIC BLVD. DULLES, VA 20166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mark A. Wainger One Time Warner Center New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Katherine E. Wychulis Assistant Secretary 5/26/05 703-265-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 337269 4392002

AUTHORIZATION

COST LIMIT : \$ 150.00

Patricia Pizote

ORDER DATE : April 26, 2005

ORDER TIME : 11:55 AM

ORDER NO. : 337269-015

CUSTOMER NO: 4392002

CUSTOMER: Donna Mullin, Legal Asst
America Online Inc.
22000 Aol Way

Dulles, VA 20166-9323

ANNUAL REPORT FILING

NAME: COMPUSERV INTERACTIVE
SERVICES INC.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 APR 27 PM 12:53

RECEIVED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____