

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001465

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** COMPUSERVE INTERACTIVE SERVICES, INC.

**Current Principal Place of Business:**

5000 ARLINGTON CENTER BLVD  
COLUMBUS, OH 43220

**New Principal Place of Business:**

22000 AOL WAY  
DULLES, VA 20166

**Current Mailing Address:**

22000 AOL WAY  
DULLES, VA 20166

**New Mailing Address:**

**FEI Number:** 54-1881008

**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 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BRODY, NED PD  
**Address:** 22000  
**City-St-Zip:** DULLES, VA 20166 US

**Title:** D  
**Name:** ZIEGLER, MATTHEW M D  
**Address:** 22000 AOL WAY  
**City-St-Zip:** DULLES, VA 20166 US

**Title:** VPS  
**Name:** PARKER, IRA H VPS  
**Address:** 770 BROADWAY, 4TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10003 US

**Title:** VPT  
**Name:** MINSON, ARTHUR VPT  
**Address:** 770 BROADWAY, 4TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10003 US

**Title:** AS  
**Name:** HOWSON, MICHAEL AS  
**Address:** 22000 AOL WAY  
**City-St-Zip:** DULLES, VA 20166 US

**Title:** VP  
**Name:** WALETZKI, TODD VP  
**Address:** 22000 AOL WAY  
**City-St-Zip:** DULLES, VA 20166

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL HOWSON

AS

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date