

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90129 002 ***150.00

DOCUMENT # F47717

1. Entity Name

THOMSON LEARNING LICENSING CORP.

Principal Place of Business

**650 NAAMANS ROAD
 STE 301
 CLAYMONT DE 19703
 US**

Mailing Address

**650 NAAMANS ROAD
 STE 301
 CLAYMONT DE 19703
 US**

2. Principal Place of Business

650 Naamans Road

Suite, Apt. #, etc.

Suite 307

City & State

Claymont, DE

Zip

19703

Country

USA

3. Mailing Address

650 Naamans Road

Suite, Apt. #, etc.

Suite 307

City & State

Claymont, DE

Zip

19703

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2139527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, MARTIN B	
STREET ADDRESS	180 WARDOUR ST	
CITY-ST-ZIP	LONDON EN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHURR, JAMES R	
STREET ADDRESS	650 NAAMANS ROAD STE 301	
CITY-ST-ZIP	CLAYMONT DE 19703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, ALAN M	
STREET ADDRESS	SUITE 2706, TORONTO DOMINION CENTER	
CITY-ST-ZIP	TORONTO ON	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROFT, IAN D	
STREET ADDRESS	65 QUEEN STREET WEST	
CITY-ST-ZIP	TORONTO ON	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORBIN, STUART N	
STREET ADDRESS	180 WARDOUR ST	
CITY-ST-ZIP	LONDON EN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHURR, JAMES R.	
STREET ADDRESS	650 NAAMANS ROAD, SUITE 307	
CITY-ST-ZIP	CLAYMONT, DE 19703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

James R. Schurr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Schurr

4/12/01
 Date

302-792-1444
 Daytime Phone #

CR2E034 (10/00)