FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000002386 (0)**

1. Corporation Name

THOMSON LEGAL PUBLISHING INC.

Principal Place of Business	Mailing Address
AQUEDUCT BUILDING 50 BROAD STREET EAST ROCHESTER NY 14694	AQUEDUCT BUILDING 50 BROAD STREET EAST ROCHESTER NY 14694

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 74-2050427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOP	11 TITLE	V	☐ Change ☒ Addition
NAME	WALLACE, GEORGE F	12 NAME	RONALD R. BOLLER	
STREET ADDRESS	THOMSON INFO/PUB GROUP - ONE STATION PLACE	13 STREET ADDRESS	50 BROAD STREET EAST	
CITY-ST-ZIP	STAMFORD CT 06902	14 CITY-ST-ZIP	ROCHESTER NY 14694	
TITLE	CFOV	21 TITLE		☒ Change ☐ Addition
NAME	SACH, DAVID	22 NAME	DURBIN, DEAN D.	
STREET ADDRESS	THOMSON INFO/PUB GROUP - ONE STATION PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	SCHROEDER, JAMES W	32 NAME		
STREET ADDRESS	THOMSON CORP - 245 PARK AVENUE	33 STREET ADDRESS	THOMSON CORP - ONE STATION PLACE	
CITY-ST-ZIP	NEW YORK NY 10167-0058	34 CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	HULLAND, DAVID	42 NAME		
STREET ADDRESS	THOMSON CORP - 245 PARK AVENUE	43 STREET ADDRESS	THOMSON CORP - ONE STATION PLACE	
CITY-ST-ZIP	NEW YORK NY 10167-0058	44 CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	ILAW, LESLIE	52 NAME		
STREET ADDRESS	THOMSON CORP - 245 PARK AVENUE	53 STREET ADDRESS	THOMSON CORP - ONE STATION PLACE	
CITY-ST-ZIP	NEW YORK NY 10167-0058	54 CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VS	61 TITLE	CONTROLLER	☐ Change ☒ Addition
NAME	HARRIS, MICHAEL S	62 NAME	MARIE E. KIRK	
STREET ADDRESS	THOMSON INFO/PUB GROUP - ONE STATION PLACE	63 STREET ADDRESS	50 BROAD STREET EAST	
CITY-ST-ZIP	STAMFORD CT 06902	64 CITY-ST-ZIP	ROCHESTER NY 14694	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie E Kirk MARIE E. KIRK JULY 24, 1995 716/546-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179011 FN