PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000002386

THOMSON INFORMATION SERVICES INC.

Principal Place	e of Business	Mailing Address					(1001100 HTS 1811 0101 00111 00111 00111 00112 11011 00112 11011 11011						
AQUEDUCT BUI	U DING	22 PITTSBURGH ST.											
50 BROAD STR		BOSTON MA 00210											
ROCHESTER NY 14694						DO NOT WRITE IN THIS SPACE							
						3	3. Date Incorporated or Qualifed						
							<u> 05/09/199</u>						
2. Principal P	lace of Business	2a. Mailing Address				4	4. FEI Number			<u> </u>	Applied For	$\overline{}$	
21		26 Dr Thomson Place					74-2050427				Not Applica		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				ء ا	5. Certificate of Status Desired				Additional	.	
22	·	27				`				Fee	Required		
City & Stat	е	City & State			E	Election Car	npaign Financing			O May Be	1		
23		28 Pobston, MA					Trust Fund 0			~	d to Fees	-	
Zip	Country	Zip malo =	Count	٠.		8	•	tion owes the cur	rent year Int		П.,	ļ	
24	25	29 000 3	o V	<u>5A</u>	***		Personal Pro			☐ Yes	□No		
	9. Name and Address of Current	t Registered Agent				1(D. Name and	Address of New	Registered	Agent		\dashv	
			8	1 1	Vame								
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					Street Ad	dress ((P.O. Box Num	ber is Not Accept	able)			\dashv	
SUITE 105							· · · ·	<u> </u>	· · ·				
1201 HAYS STREET			8	3								}	
TALL	AHASSEE FL 32301		8	4 (City			. =		85 Zi	p Code		
					-				FL	.	•		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abo	ve-n	amed co	rporati	on submits this	statement for the	purpose of	changing	its registered	od j	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	ot Florida. Such change was autt	nonzea a)V THE	e corpora	tion \$ i	board of direct	ors. Thereby acce	ipt tile appoi	IIIIIIIIIIII as	registered	Í	
=	id.,,												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					gnature requi	ired wher	n reinstating)		DATE				
12.	OFFICERS AND DIRECTORS		13.					CHANGES TO O					
TITLE	DO	DELETE	1.1 TITLE			42	attached	schedule	•	Chang	je 🗌 Add	lition	
NAME	MILLS, ANDREW G		1,2 NAM	Ε									
STREET ADDRESS	22 PITTSBURGH ST.	PITTSBURGH ST. 135		ET AD	DORESS							- {	
CITY-ST-ZIP	BOSTON MA 02210		1.4 CITY	-ST-ZI	IP								
TITLE	DVP	∑ DELETE	2.1 TITLE	=						Chang	je ∐Ado	dition [
NAME	BECKINGHAM, DENNIS J		2.2 NAM	E									
STREET ADDRESS	22 PITTSBURGH ST.		2.3 STREET ADDRESS										
CITY-ST-ZIP	BOSTON MA 02210		2. 4 CITY	CITY-ST-ZIP									
TITLE	VP	☐ DELETE	3.1 TITLE							Chang	je 🗌 Add	dition	
NAME	SCHROEDER, JAMES W		3.2 NAME										
STREET ADDRESS	CONTROLDER, GAINEO		3.3 STRE		DRESS								
	STAMFORD CT 06902		3.4. CITY-ST-ZIP									Į	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		217		-			Chang	je 🔲 Adi	dition	
)	AS DAMA		4. 2 NAM		1								
NAME	ETIECTO, DAWIT			4.2 NAME 4.3 STREET ADDRESS								}	
STREET ADDRESS	ONE STATION PLACE										•		
CITY-ST-ZIP	STAMFORD CT 06902	☐ DELETE	4.4 CITY		IP			17.7%		Chang	ge ∐ Ad	dition	
TITLE	VP	☐ DELETE	5.1 TITLE 5.2 NAME								,- ⊔,		
NAME	AW, LEOLIE		1		oneree	•							
STREET ADDRESS			ł	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP									
CITY-ST-ZIP	TAMI OND OT 00302-0030				JP						je ∏Ade	dition	
TITLE	VPS DELETE 6.11									Chang	je ∐ Adi	ן זוטטונ 	
NAME HARRIS, MICHAEL S			6.2 NAM										
STREET ADDRESS	ONE STATION DI ACE		6.3 STRE	EETAD	DDRESS								

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS ONE STATION PLACE

STAMFORD CT 06902

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90126 016 ***150.00

F940000023860 444653-90126-16

THOMSON INFORMATION SERVICES INC. Federal ID # 74-2050427

Directors:

Michael S. Harris One Station Place Stamford, CT 06902

Fred Edling 22 Thomson Place Boston, MA 02210

Officers:

David Flaschen, President/CEO 22 Thomson Place Boston, MA 02210

Kenneth A. Carson, Vice President One Station Place Stamford, CT 06902

Donna DiMitri, Asst. Secretary One Station Place Stamford, CT 06902

Dawn L. Ehlers, Vice President One Station Place Stamford, CT 06902

Edward A. Friedland, Vice President One Station Place Stamford, CT 06902

Michael S. Harris, Vice President/Secretary One Station Place Stamford, CT 06902

James W. Harrison, Vice President One Station Place Stamford, CT 06902

David J. Hulland, Vice President One Station Place Stamford, CT 06902

Leslie Ilaw, Vice President One Station Place Stamford, CT 06902

Susan P. Kennedy, Vice President One Station Place Stamford, CT 06902 Amy Meltzer Hughson, Vice President One Station Place Stamford, CT 06902

Steven A. Moll, Vice President One Station Place Stamford, CT 06902

Alison L. Palmer, Asst. Secretary One Station Place Stamford, CT 06902

E. Christopher Krupa, Asst. Secretary 22 Thomson Place Boston, MA 02210

James W. Schroeder, Vice President One Station Place Stamford, CT 06902