

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


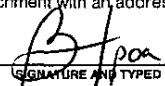
**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90089 030 \*\*\*150.00

94039471



01262004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F94000002386</b>					
1. Entity Name THOMSON FINANCIAL INC.					
Principal Place of Business 22 THOMSON PLACE BOSTON, MA 02210			Mailing Address 22 THOMSON PL BOSTON, MA 02210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 74-2050427			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	VP SCHROEDER, JAMES W ONE STATION PLACE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EHLERS, DAWN ONE STATION PLACE STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sharon Rowlands 195 Broadway NY NY 10007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ILAW, LESLIE ONE STATION PL. STAMFORD, CT 069020058 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STANLEY, DEIRDRE ONE STATION PLACE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULLAND, DAVID J ONE STATION PLACE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, DAVID 195 BROADWAY NEW YORK, NY 10007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Chief Exec. Officer <input checked="" type="checkbox"/> Change <input 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: 		BRUCE MAC CORKINDALE		3-16-04 516-783-1794	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

*Attachment*

*#9400002386*

**LIMITED POWER OF ATTORNEY**

Thomson Financial Inc. ("Company"), with offices located at 22 Thomson Place, Boston, Massachusetts 02210, hereby appoints Bruce Mac Corkindale of 3960 Merrick Road, Seaford, New York 11783, as attorney-in-fact ("Agent") to exercise the powers and discretions described below.

Our agent shall have the authority to act on our behalf, but only to the extent permitted by this limited Power of Attorney, for the following tax matters:

Personal property tax, commercial rent tax, state annual reports, business license applications and renewals, sales tax license applications and renewals, franchise tax, and occupation tax

Our Agent's powers shall consist solely of the power to:

1. Prepare and sign documentation specific to the tax matters listed above.
2. Receive copies of confidential information or documents from any government or its agencies specific to the tax matters listed above. Originals shall be provided to the Company.
3. Represent the Company in the tax matters listed above, including the authority to negotiate, compromise, or settle any matter with such government or agency, with prior approval from the Company. Agreement to audits of any tax matters listed above must have prior approval from the Company.
4. Provide information, correspond with, and perform other acts reasonably related to the tax returns and reports specific to the tax matters listed above.

The authority does not include the power to substitute another representative or the power to receive refund checks on behalf of the Company.

Any power or authority granted to the Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) the income of Thomson Financial Inc. to be taxable to the Agent, (ii) the assets of Thomson Financial to be subject to a general power of appointment by the Agent.

The Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, the Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

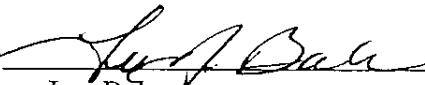
# Attachment

The Agent shall be entitled to compensation for services provided as the Agent. The amount of compensation shall be provided for in a document separate from this power of attorney.

This Power of Attorney revokes all earlier powers of attorney on file with any government or its agencies for the same tax matters. This Power of Attorney shall become effective immediately and may be revoked at any time by providing written notice to the Agent.

Dated December 23, 2003, at Boston, Massachusetts.

THOMSON FINANCIAL INC.

By:   
Name: Lee Bale

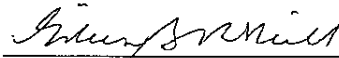
Title: Vice President, Business Shared Services

Witness Signature:

Name:

City:

State:



EILEEN S. McNEILL

BOSTON

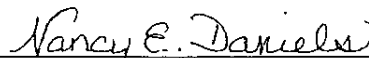
MASSACHUSETTS

Witness Signature:

Name:

City:

State:



NANCY E. DANIELS

BOSTON

MASSACHUSETTS

Attachment

STATE OF MASSACHUSETTS, COUNTY OF Suffolk, ss:

The foregoing instrument was acknowledged before me this 23 day of December, 2003 by Lee Bale, who is personally known to me or who has produced \_\_\_\_\_ as identification.

Catherine M. Powell

Signature of person taking acknowledgment

exp 3/15/07

Name typed, printed, or stamped

