
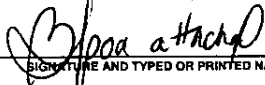


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90078 027 ***150.00

DOCUMENT # F94000002386 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		01112005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 74-2050427	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET 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. 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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHROEDER, JAMES W		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWLANDS, SHARON		NAME		
STREET ADDRESS	195 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10007		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ILAW, LESLIE		NAME	Secretary	
STREET ADDRESS	ONE STATION PL.		STREET ADDRESS	195 Broadway	
CITY-ST-ZIP	STAMFORD, CT 069020058		CITY-ST-ZIP	New York, NY 10007	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANLEY, DEIRDRE		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULLAND, DAVID J		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06902		CITY-ST-ZIP		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFFER, DAVID		NAME		
STREET ADDRESS	195 BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10007		CITY-ST-ZIP		
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 MacCorkindale, CPA, P.C. 3960 Merrick Road Seaford, NY 11783		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/5/05 Daytime Phone # 516-783-1794		

ATTACHMENT

40035420

F94000002386

THOMSON FINANCIAL INC.

Federal ID # 74 2050127

(updated as of 03-17-04)

OFFICERS

Kenneth A. Carson, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

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

Sari Dweck, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Dawn L. Ehlers, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Edward A. Friedland, Vice President/Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

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

Leslie Ilaw, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Steven A. Moll, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Ed Napolitano, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Marc E. Gold, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

OFFICERS

Alison L. Gaston, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Darren B. Pocsik, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Sharon Rowlands, President/COO
Business Address:
195 Broadway
New York, NY 10006

James W. Shroeder, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Al Sonander, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

Helen V. Stamatiadis, Asst. Secretary
Business Address:
One Station Place
Stamford, CT 06902

John Robinson, Secretary
Business Address:
195 Broadway
New York, NY 10007

David H. Shaffer, CEO
Business Address:
195 Broadway
New York, NY 10007

David H. Turner, CFO
Business Address:
195 Broadway
New York, NY 10007

Jannet Gurian, Asst. Secretary
Business Address:
195 Broadway
New York, NY 10007

DIRECTORS

Edward A. Friedland
Business Address:
One Station Place
Stamford, CT 06902

David J. Hulland
Business Address:
One Station Place
Stamford, CT 06902

Deirdre Stanley
Business Address:
One Station Place
Stamford, CT 06902

ATTACHMENT

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#794600002386

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.

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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: [Signature]
Name: Lee Bale
Title: Vice President, Business Shared Services

Witness Signature: [Signature]
Name: EILEEN S. McNEILL
City: BOSTON
State: MASSACHUSETTS

Witness Signature: [Signature]
Name: NANCY E. DANIELS
City: BOSTON
State: MASSACHUSETTS

ATTACHMENT

H0035420

STATE OF MASSACHUSETTS, COUNTY OF Suffolk # 794000002386, 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

