FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000003658 (1)**

1. Corporation Name

INTERNATIONAL THOMSON PUBLISHING, INC.

Principal Place of Business

1 STATION PLACE
STAMFORD CT 06902

Mailing Address

101 DAVIS
BELMONT CA 94002
US

2. Principal Place of Business

21 Street Address, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address

26 10 DAVIS
Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **07/13/1994**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-2124491** ☐ 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.
1201 HAYS STREET, STE 105
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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PAUL, THOMAS A	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	☐ DELETE
NAME	SCHROEDER, JAMES W	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VAS	☐ DELETE
NAME	ILAW, LESLIE	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VAS	☐ DELETE
NAME	HULLAND, DAVID	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VASD	☐ DELETE
NAME	MELTZER-HUGHSON, AMY	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AS	☐ DELETE
NAME	HARRIS, MICHAEL S	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	President/CEO - ITPI Educ. Group	☒ Addition
1 NAME	R. Wayne Oler	
1 STREET ADDRESS	10 Davis Drive	
1 CITY-ST-ZIP	Belmont, CA 94002	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ 415-595-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #