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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

5101 MADISON RD  
ATTN: TAX DEPT  
CINCINNATI OH 45227  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5101 MADISON ROAD  
Suite, Apt. #, etc.

22 City & State

23 CINCINNATI, OH  
Zip Country

24 45227

25 HAMILTON

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PAUL, THOMAS A  
STREET ADDRESS 1 STATION PLACE  
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE V  
NAME SCHROEDER, JAMES W  
STREET ADDRESS 1 STATION PLACE  
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE VAS  
NAME ILAW, LESLIE  
STREET ADDRESS 1 STATION PLACE  
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE VAS  
NAME HULLAND, DAVID  
STREET ADDRESS 1 STATION PLACE  
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE VASD  
NAME MELTZER-HUGHSON, AMY  
STREET ADDRESS 1 STATION PLACE  
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE AS  
NAME HARRIS, MICHAEL S  
STREET ADDRESS 1 STATION PLACE  
CITY-ST-ZIP STAMFORD CT ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/CEO  
1.2 NAME ROBERT CHRISTIE  
1.3 STREET ADDRESS 1 STATION PL  
1.4 CITY-ST-ZIP STAMFORD, CT 06902 ☐ Change ☒ Addition

2.1 TITLE ASST SEC  
2.2 NAME ROSEMARY WALKER  
2.3 STREET ADDRESS 5101 MADISON RD  
2.4 CITY-ST-ZIP CINCINNATI, OH 45227 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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: *[Signature]*

4/29/98

CR2E034 (10/97)