

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90196 015 ***150.00

DOCUMENT # F94000003658

1. Corporation Name

INTERNATIONAL THOMSON PUBLISHING, INC.



Principal Place of Business

**5101 MADISON ROAD
CINCINNATI OH 45227
US**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 the current year Intangible
Personal Property Tax. ☐ 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

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	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, THOMAS A	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHROEDER, JAMES W	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	ILAW, LESLIE	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HULLAND, DAVID	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	MELTZER-HUGHSON, AMY	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL S	
STREET ADDRESS	1 STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ROBERT CHRISTIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRES	
1.3 STREET ADDRESS	1 STATION PLACE	
1.4 CITY-ST-ZIP	STAMFORD, CT	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
Date

513 271-8811
Daytime Phone #

CR2E034 (11/98)