

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90022 031 \*\*\*150.00

0624103 AT

**DOCUMENT # F94000003658**

1. Entity Name

**THOMSON LEARNING INC.**

Principal Place of Business

**5101 MADISON ROAD  
 CINCINNATI OH 45227  
 US**

Mailing Address

**5101 MADISON RD  
 ATTN: TAX DEPT  
 CINCINNATI OH 45227  
 US**

2. Principal Place of Business

**5191 Natorp Blvd  
 Suite, Apt. #, etc.**

3. Mailing Address

**5191 Natorp Blvd  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State  
**MASON, OH**

City & State  
**MASON, OH 45040**

4. FEI Number

**59-2124491**

Applied For  
 Not Applicable

Zip  
**45040**

Country  
**USA**

Zip  
**45040**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, STE 105  
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
 NAME **CHRISTIE, ROBERT**  
 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 **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**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **David Shaffer**  
 STREET ADDRESS **290 Harbor Dr 2nd Floor**  
 CITY-ST-ZIP **Stamford, CT 06902**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **AS**  
 STREET ADDRESS **JAMES F. KEANE**  
 CITY-ST-ZIP **5191 Natorp Blvd**  
**MASON, OH 45040**

13. 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 11 or Block 12 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

**4/22/02**

Date

**513-229-1000**

Daytime Phone #

CR2E034 (9/01)