

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90057 033 ***150.00

DOCUMENT # F94000003658

1. Entity Name
THOMSON LEARNING INC.



Principal Place of Business
**5191 NATORP BLVD
MASON, OH 45040 US**

Mailing Address
**5191 NATORP BLVD
MASON, OH 45040 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2124491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | RD | <input type="checkbox"/> Delete |
| NAME | SHAFER, DAVID | |
| STREET ADDRESS | 290 HARBOR DR 2ND FLOOR | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | |
| 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 | 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 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | KEANE, JAMES F | |
| STREET ADDRESS | 5191 NATROP BLVD | |
| CITY-ST-ZIP | MASON, OH 45040 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | See Attached |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: James F. Keane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Keane 3-4-04

Date

Daytime Phone #

513 229-1000

attachment

F94000003658

kp Nov 2003

Thomson Learning Inc.

FEIN 59-2124491

T:\Return Procedures\Officers Listings All Companies.xls]TL

Directors

Edward A. Friedland
David J. Hulland
Deirdre Stanley

Officers

| | | |
|-----------------------------|--------------------------------------|--|
| Ronald Schlosser | President & CEO | 290 Harbor Dr., 2 nd Floor, Stamford CT 06902 |
| Dennis J. Beckingham | Chief Financial Officer | 290 Harbor Dr., 2 nd Floor, Stamford CT 06902 |
| Eric L. Shuman | CEO, Lifelong Learning Group | 290 Harbor Dr., 2 nd Floor, Stamford CT 06902 |
| Kenneth Carson | Secretary | 1 Station Place, Stamford CT 06902 |
| David J. Hulland | Vice President & Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Edward A. Friedland | Vice President & Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| David J. Hulland | Vice President & Assistant Secretary | 2 Station Place, Stamford CT 06902 |
| Ronald G. Dunn | Assistant Secretary | 290 Harbor Dr., 2 nd Floor, Stamford CT 06902 |
| Sari Dweck | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Dawn L. Ehlers | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Marc E. Gold | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Leslie Ilaw | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Steven A. Moll | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Ed Napolitano | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Darren B. Pocsik | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| James W. Schroeder | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Joseph Steffeny | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Donna DiMitri | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| James F. Keane | Assistant Secretary | 5191 Natorp Blvd. Mason OH 45040 |
| John Mehan | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Allison Palmer | Assistant Secretary | 1 Station Place, Stamford CT 06902 |
| Helen V. Stamatiadis | Assistant Secretary | 1 Station Place, Stamford CT 06902 |