


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State


05-01-2007 90036 022 ***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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3rd Floor
City & State	City & State
Zip	Country

40095805



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2124491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHLOSSER, RONALD 290 HARBOR DR 2ND FLOOR STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 First Stamford Place Stamford CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHROEDER, JAMES W 1 STATION PLACE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 First Stamford Place Stamford CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BECKINGHAM, DENNIS J 290 HARBOR DR 2ND FL STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 First Stamford Place Stamford CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOL SHUMAN, ERIC L 290 HARBOR DR 2ND FL STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Friedland, Edward A 200 First Stamford Place Stamford CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARSON, KENNETH 1 STATION PLACE STAMFORD, CT 06902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 First Stamford Place Stamford CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHILLING, ANGELA M 5191 NATORP BLVD MASON, OH 45040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Angela M. Schilling 4-26-07 (513)229-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #