

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005387

FILED
Apr 30, 2007
Secretary of State

Entity Name: WEST PUBLISHING CORPORATION

Current Principal Place of Business:

610 OPPERMAN DRIVE
EAGAN, MN 55123 US

New Principal Place of Business:

Current Mailing Address:

610 OPPERMAN DRIVE
EAGAN, MN 55123 US

New Mailing Address:

FEI Number: 41-1426973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STANLEY, DIERDRE
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: CFO () Delete
Name: ROMEO, ROBERT AS
Address: 610 OPPERMAN DR
City-St-Zip: EAGAN, MN 55123

Title: P () Delete
Name: WARRICK, PETER
Address: 610 OPPERMAN DRIVE
City-St-Zip: EAGAN, MN 55123

Title: VPS () Delete
Name: FRIEDLAND, EDWARD
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: AS () Delete
Name: BRIAN, DOUTY A
Address: 610 OPPERMAN DRIVE
City-St-Zip: EAGAN, MN 55123

Title: VP () Delete
Name: DAVID, HULLAND J
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: TODD, SHERRILL
Address: 610 OPPERMAN DRIVE
City-St-Zip: EAGAN, MN 55123

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD SHERRILL

AS

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date