

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005045 (7)

1. Corporation Name

THOMSON U.S. HOLDINGS INC.

Principal Place of Business

2 MILL ROAD
WILMINGTON DE 19805
US

Mailing Address

2 MILL ROAD
WILMINGTON DE 19805
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

4. FEI Number

06-1456064

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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
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	ASD	<input type="checkbox"/> DELETE
NAME	FRIEDLAND, EDWARD A	
STREET ADDRESS	ONE STATION PLACE, 4TH FLOOR	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL S	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHROEDER, JAMES W	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BROWN, W. MICHAEL	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CARSON, KENNETH A	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EHLERS, DAWN L	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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.

SIGNATURE:

James W. Schroeder

(203) 328-9428

CR2E034 (10/97)