

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005045

1. Entity Name
THOMSON U.S. HOLDINGS INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90097 003 ***150.00

Principal Place of Business
650 NAAMANS RD
STE 301
CLAYMONT DE 19703
US

Mailing Address
ONE STATION PL
STAMFORD CT 06902
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **06-1456064**
Applied For
Not Applicable

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
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, EDWARD A		NAME		
STREET ADDRESS	ONE STATION PLACE, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MICHAEL S		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JAMES W		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILAW, LESLIE		NAME		
STREET ADDRESS	ONE STATION PL		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, KENNETH A		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERS, DAWN L		NAME		
STREET ADDRESS	ONE STATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902		CITY-ST-ZIP		

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: *Leslie Ilaw* *VP* *4/23/01* *(203) 328-9429*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)