

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000005045**

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



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

Mailing Address  
**ONE STATION PL  
1 THOMSON METRO CENTER  
STAMFORD, CT 06902 US**



02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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  
STE. 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASD  
FRIEDLAND, EDWARD A  
ONE STATION PLACE, 4TH FLOOR  
STAMFORD, CT 06902**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HULLAND, DAVID J  
ONE STATION PL  
STAMFORD, CT 06902**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
SCHROEDER, JAMES W  
ONE STATION PLACE  
STAMFORD, CT 06902**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ILAW, LESLIE  
ONE STATION PL  
STAMFORD, CT 06902**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GCS  
CARSON, KENNETH A  
ONE STATION PLACE  
STAMFORD, CT 06902**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
NAPOLITANO, EDWARD J  
ONE STATION PL  
STAMFORD, CT 06902**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/05**  
Date

**803-539-8423**  
Daytime Phone #