

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**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



05012006 No Chg-P CR2E034 (11/05)

**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, 2006 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

U00000563581  
05/20/06-80018-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 (203) 539-8423  
Date Daytime Phone #