

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005045

FILED
Jan 17, 2007
Secretary of State

Entity Name: THOMSON U.S. HOLDINGS INC.

Current Principal Place of Business:

650 NAAMANS RD
STE 301
CLAYMONT, DE 19703 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1456064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE. 105
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: ASD () Delete
Name: FRIEDLAND, EDWARD A
Address: ONE STATION PLACE, 4TH FLOOR
City-St-Zip: STAMFORD, CT 06902

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

Title: SVP () Delete
Name: SCHROEDER, JAMES W
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: V () Delete
Name: ILAW, LESLIE
Address: ONE STATION PL
City-St-Zip: STAMFORD, CT 06902

Title: GCS () Delete
Name: CARSON, KENNETH A
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: AS () Delete
Name: NAPOLITANO, EDWARD J
Address: ONE STATION PL
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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD NAPOLITANO

AS

01/17/2007

Electronic Signature of Signing Officer or Director

Date