

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90188 049 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
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. 106 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature Required when submitting)					
FILE NOW WITH FEE IS \$160.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FRIEDLAND, EDWARD A ONE STATION PLACE, 4TH FLOOR STAMFORD, CT 06902	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HARRIS, MICHAEL S ONE STATION PLACE STAMFORD, CT 06902	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCHROEDER, JAMES W ONE STATION PLACE STAMFORD, CT 06902	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ILAW, LESLIE ONE STATION PL STAMFORD, CT 06902	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS CARSON, KENNETH A ONE STATION PLACE STAMFORD, CT 06902	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELCO, ROBERT ONE STATION PLACE STAMFORD, CT 06902	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David J. Hulland One Station Pl. Stamford CT 06902	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Edward J. Napolitano One Station Pl. Stamford CT 06902	☐ Change ☒ Addition			
12. 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 507, 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: <u><i>[Signature]</i></u> Asst. Secretary 5/29/03 203-328-9414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90138332



☐ CHECK HERE IF MAKING CHANGES

CR2FC04 (10/02)