2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# F97000001310

Entity Name: THOMSON HEALTHCARE INC.

Current Principal Place of Business:

777 EAST EISENHOWER PARKWAY
ANN ARBOR, MI 48108

New Principal Place of Business:

Current Mailing Address:

C/O THOMSON SCIENTIFIC- TAX DEPT
3501 MARKET STREET
PHILADELPHIA, PA 19104

New Mailing Address:

601 OPPERMAN DRIVE
TAX DEPT
EAGAN, MN 55123

FEI Number: 06-1467923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CFOT ( ) Delete
Name: BUCKINGHAM, PHILIP M
Address: 200 FIRST SANFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: VS ( ) Delete
Name: POCSIK, DARREN B
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: D ( ) Delete
Name: GOLD, MARC E
Address: ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

Title: CEO ( ) Delete
Name: CULLEN, ROBERT
Address: 200 FIRST STANFORD PL
City-St-Zip: STAMFORD, CT 06902

Title: S ( ) Delete
Name: DIMITRI, DONNA
Address: METRO CENTER, ONE STATION PLACE
City-St-Zip: STAMFORD, CT 06902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BOSWOOD, MICHAEL M
Address: 200 FIRST SANFORD PLACE
City-St-Zip: STAMFORD, CT 06902

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

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

Title: CFO (X) Change ( ) Addition
Name: BUCKINGHAM, PHILIP
Address: 200 FIRST STANFORD PL
City-St-Zip: STAMFORD, CT 06902

Title: S (X) Change ( ) Addition
Name: PELOQUIN, DAVID
Address: 601 OPPERMAN DRIVE
City-St-Zip: EAGAN, MN 55123

I hereby certify that the information supplied with this filing does not qualify 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: DAVID PELOQUIN S 05/01/2008

Electronic Signature of Signing Officer or Director Date