

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90015 049 ***150.00

DOCUMENT # F99000004116

1. Entity Name
THOMSON GLOBAL MARKETS INC.



Principal Place of Business
**22 THOMSON PLACE
 BOSTON, MA 02210**

Mailing Address
**22 THOMSON PLACE
 BOSTON, MA 02210**

50007502



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
04-3211217

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** Delete
 NAME: **FRIEDLAND, EDWARD A**
 STREET ADDRESS: **ONE STATION PLACE**
 CITY-ST-ZIP: **STAMFORD, CT 06902**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **P** Delete
 NAME: **WEISSBERG, EDWARD**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NEW YORK, NY 10007**

TITLE: **PRESIDENT** Change Addition
 NAME: **FRANK SANNELLA**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NY NY 10006**

TITLE: **S** Delete
 NAME: **ROBINSON, JOHN**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NEW YORK, NY 10007**

TITLE: **SECRETARY** Change Addition
 NAME: **PRISCILLA HUGHES**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NY NY 10006**

TITLE: **D** Delete
 NAME: **SHAFFER, DAVID**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NEW YORK, NY 10007**

TITLE: **DIRECTOR** Change Addition
 NAME: **LINDA J. WALKER**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NY NY 10006**

TITLE: **D** Delete
 NAME: **GOLD, MARC**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NEW YORK, NY 10007**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VP** Delete
 NAME: **PATRINO, ANNA**
 STREET ADDRESS: **195 BROADWAY**
 CITY-ST-ZIP: **NEW YORK, NY 10007**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: _____

Bruce Mac Cordale
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Mac Cordale, CPA, P.C.
3960 Merrick Road
Seaford, NY 11783

3-17-06
 Date

516-783-1794
 Daytime Phone #

ATTACHMENT
50007502
#F99000004116

THOMSON GLOBAL MARKETS, INC.

Federal ID # 04-3211217
(updated as of 01-17-06)

OFFICERS

Frank Sannella, President
Business Address:
195 Broadway
New York, NY 10007

Priscilla Hughes, Secretary
Business Address:
195 Broadway
New York, NY 10007

OFFICERS

Anna Patruno, Vice President
Business Address:
195 Broadway
New York, NY 10007

DIRECTORS

Edward A. Friedland
Business Address:
One Station Place
Stamford, CT 06902

Linda J. Walker
Business Address:
195 Broadway
New York, NY 10007

Marc E. Gold
Business Address:
195 Broadway
New York, NY 10007

ATTACHMENT
500075-02
#F9900004116
LIMITED POWER OF ATTORNEY

Thomson Financial Inc. ("Company"), with offices located at 22 Thomson Place, Boston, Massachusetts 02210, hereby appoints Bruce Mac Corkindale of 3960 Merrick Road, Seaford, New York 11783, as attorney-in-fact ("Agent") to exercise the powers and discretions described below.

Our agent shall have the authority to act on our behalf, but only to the extent permitted by this limited Power of Attorney, for the following tax matters:

Personal property tax, commercial rent tax, state annual reports, business license applications and renewals, sales tax license applications and renewals, franchise tax, and occupation tax

Our Agent's powers shall consist solely of the power to:

1. Prepare and sign documentation specific to the tax matters listed above.
2. Receive copies of confidential information or documents from any government or its agencies specific to the tax matters listed above. Originals shall be provided to the Company.
3. Represent the Company in the tax matters listed above, including the authority to negotiate, compromise, or settle any matter with such government or agency, with prior approval from the Company. Agreement to audits of any tax matters listed above must have prior approval from the Company.
4. Provide information, correspond with, and perform other acts reasonably related to the tax returns and reports specific to the tax matters listed above.

The authority does not include the power to substitute another representative or the power to receive refund checks on behalf of the Company.

Any power or authority granted to the Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) the income of Thomson Financial Inc. to be taxable to the Agent, (ii) the assets of Thomson Financial to be subject to a general power of appointment by the Agent.

The Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, the Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

ATTACHMENT

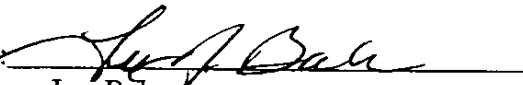
50007502
#F9900000116

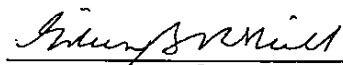
The Agent shall be entitled to compensation for services provided as the Agent. The amount of compensation shall be provided for in a document separate from this power of attorney.


This Power of Attorney revokes all earlier powers of attorney on file with any government or its agencies for the same tax matters. This Power of Attorney shall become effective immediately and may be revoked at any time by providing written notice to the Agent.

Dated December 23, 2003, at Boston, Massachusetts.

THOMSON FINANCIAL INC.

By: 
Name: Lee Bale
Title: Vice President, Business Shared Services

Witness Signature: 
Name: EILEEN S. McNEILL
City: BOSTON
State: MASSACHUSETTS

Witness Signature: 
Name: NANCY E. DANIELS
City: BOSTON
State: MASSACHUSETTS

ATTACHMENT 50007502

#F9900004116

STATE OF MASSACHUSETTS, COUNTY OF Suffolk, ss:

The foregoing instrument was acknowledged before me this 23 day of December, 2003 by Lee Bale, who is personally known to me or who has produced _____ as identification.

Catherine M. Powell

Signature of person taking acknowledgment

exp 3/15/07

Name typed, printed, or stamped

