


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 04-3211217

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000942763  
 05/29/08-80030-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIEDLAND, EDWARD A
STREET ADDRESS	ONE STATION PLACE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	P
NAME	SANNELLA, FRANK
STREET ADDRESS	195 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	S
NAME	HUGHES, PRICILLA
STREET ADDRESS	195 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	D
NAME	WALKER, LINDA J
STREET ADDRESS	195 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10006
TITLE	D
NAME	GOLD, MARC
STREET ADDRESS	195 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10007
TITLE	VP
NAME	PATRUNO, ANNA
STREET ADDRESS	195 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10007

**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: *Bruce Mac Corkindale*  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date: 3/29/08 Daytime Phone #: 516-783-1794

**BRUCE MAC CORKINDALE**