# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2001 8:00 am**
**Secretary of State**
04-26-2001 90129 001 ***150.00

DOCUMENT # F99000004392

1. Entity Name
THOMSON NEWSPAPERS LICENSING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 650 NAAMANS ROAD. SUITE 301<br>CLAYMONT DE 19703 | 650 NAAMANS ROAD. SUITE 301<br>CLAYMONT DE 19703 |

J98850

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 650 Naamans Road | 650 Naamans Road |
| Suite, Apt. #, etc.: Suite 307 | Suite, Apt. #, etc.: Suite 307 |
| City & State: Claymont, DE | City & State: Claymont, DE |
| Zip: 19703 Country: USA | Zip: 19703 Country: USA |

4. FEI Number 51-0382215 ☐ Applied For ☐ Not Applicable

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<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | FILE NOW!!! FEE IS $150.00<br>After MAY 1, 2001 Fee will be $550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SCHURR, JAMES R<br>650 NAAMANS ROAD, SUITE 301<br>CLAYMONT DE 19703 | ☐ Delete | PD<br>SCHURR, JAMES R.<br>650 NAAMANS ROAD, SUITE 307<br>CLAYMONT, DE 19703 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JONES, MARTIN B<br>650 NAAMANS ROAD, SUITE 301<br>CLAYMONT DE 19703 | ☐ Delete | VD<br>JONES, MARTIN B.<br>650 NAAMANS ROAD, SUITE 307<br>CLAYMONT, DE 19703 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CORBIN, STUART N<br>650 NAAMANS ROAD, SUITE 301<br>CLAYMONT DE 19703 | ☐ Delete | VD<br>CORBIN, STUART N.<br>650 NAAMANS ROAD, SUITE 307<br>CLAYMONT, DE 19703 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CROFT, IAN D<br>650 NAAMANS ROAD, SUITE 301<br>CLAYMONT DE 19703 | ☐ Delete | SD<br>CROFT, IAN D.<br>650 NAAMANS ROAD, SUITE 307<br>CLAYMONT, DE 19703 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LEWIS, ALAN M<br>650 NAAMANS ROAD, SUITE 301<br>CLAYMONT DE 19703 | ☐ Delete | TD<br>LEWIS, ALAN M.<br>650 NAAMANS ROAD, SUITE 307<br>CLAYMONT, DE 19703 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>SETZ, IRENE<br>650 NAAMANS ROAD, SUITE 301<br>CLAYMONT DE 19703 | ☐ Delete | AS<br>SETZ, IRENE<br>650 NAAMANS ROAD, SUITE 307<br>CLAYMONT, DE 19703 | XX Change ☐ Addition |

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R Schurr James R. Schurr 4/12/01 302-792-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #