

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 JUN 30 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *L 90625*  
1. Corporation Name  
**Thomson Information Inc.**

Principal Place of Business Mailing Address  
**835 Penobscot Buidling  
Detroit, MI 48226**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**July 30, 1990** 3a. Date of Last Report

4. FEI Number  
**59-3018492** Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**Prentice-Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Marcia A. Haines, Asst. Secy.* **6-30-95**  
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | Director                              |
| NAME           | Thomas A. Paul                        |
| STREET ADDRESS | One Station Place                     |
| CITY-ST-ZIP    | Stamford, CT 06902                    |
| TITLE          | Director                              |
| NAME           | George Hisert                         |
| STREET ADDRESS | One Station Place                     |
| CITY-ST-ZIP    | Stamford, CT 06902                    |
| TITLE          | Director, President                   |
| NAME           | Keith Lassner                         |
| STREET ADDRESS | 835 Penobscot Building                |
| CITY-ST-ZIP    | Detroit, MI 48226                     |
| TITLE          | Vice President, Administration        |
| NAME           | Gary Shovlin                          |
| STREET ADDRESS | 835 Penobscot Building                |
| CITY-ST-ZIP    | Detroit, MI 48226                     |
| TITLE          | Vice President, Secretary             |
| NAME           | Michael S. Harris                     |
| STREET ADDRESS | One Station Place                     |
| CITY-ST-ZIP    | Stamford, CT 06902                    |
| TITLE          | Vice President, Asst. Secretary       |
| NAME           | David Hulland                         |
| STREET ADDRESS | One Station Place, Stamford, CT 06902 |
| CITY-ST-ZIP    |                                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS | <b>600001532466</b>                                               |
| 14 CITY-ST-ZIP    | <b>07/07/95-01055-017</b>                                         |
| 21 TITLE          | <b>*****8.75 *****8.75</b>                                        |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS | <b>600001532466</b>                                               |
| 24 CITY-ST-ZIP    | <b>07/07/95-01055-018</b>                                         |
| 31 TITLE          | <b>*****225.00 *****225.00</b>                                    |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-ST-ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-ST-ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-ST-ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |

*6/30/95* *MS*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vanne Marie Pronno* **6/27** **(203) 969-8733**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

12. OFFICERS AND DIRECTORS Continued...

Vice President, Assistant Secretary  
Leslie Ilaw  
One Station Place  
Stamford, CT 06902

Vice President, Assistant Secretary  
Edward A. Friedland  
One Station Place  
Stamford, CT 06902

Vice President, Assistant Secretary  
Dawn L. Ehlers  
One Station Place  
Stamford, CT 06902

Assistant Secretary  
Amy Hughson  
One Station Place  
Stamford, CT 06902

Assistant Secretary  
AnneMarie Provino  
One Station Place  
Stamford, CT 06902

Assistant Secretary  
Kenneth A. Carson  
One Station Place  
Stamford, CT 06902