FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L 90625

1. Corporation Name

THOMSON INFORMATION INC.

Principal Place of Business

835 PENOBSCOT BL. (SAME)
635 GRISWOLD
DETROIT, MI 48226

Mailing Address

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. # etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

3. Date Incorporated or Qualified: 06/30/1990

3a. Date of Last Report: 1995

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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name: Ø - N/A

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 _____ DATE _____
Signature(s) Typed or Printed Name of Registered Agent and Title of Applicable (NOTE: Registered Agent Signature required when text stating)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	☐ DELETE
NAME	THOMAS A. PAUL	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	DIRECTOR	☐ DELETE
NAME	GEORGE HISERT	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	DIRECTOR, PRESIDENT	☐ DELETE
NAME	KEITH LASSNER	
STREET ADDRESS	835 PENOBSCOT BLDG	
CITY-ST-ZIP	DETROIT, MI 48226	
TITLE	VICE-PRES, ADMINISTRATION	☐ DELETE
NAME	GARY SHOVLIN	
STREET ADDRESS	835 PENOBSCOT BLDG	
CITY-ST-ZIP	DETROIT, MI 48226	
TITLE	VICE-PRES., SEC.,	☐ DELETE
NAME	MICHAEL S. HARRIS	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	VICE-PRES ASST. SEC.	☐ DELETE
NAME	DAVID MULLANY	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD, CT 06902	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	000001891739	☐ Change ☐ Addition
5.2 NAME	-07/12/96--01012--006	
5.3 STREET ADDRESS	***233.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: ✗ _____ V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✗ 4/28/96
Date

✗ 315-961-2242
Daytime Phone #