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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L90625 (9)

1. Corporation Name
THOMSON INFORMATION INC.

Principal Place of Business	Mailing Address
835 PENOBSCOT BUILDING 635 GRISWOLD DETROIT MI 48226	835 PENOBSCOT BUILDING 635 GRISWOLD DETROIT MI 48226-3415

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	PAUL, THOMAS A		1.2 NAME	RAY FAGAN	
STREET ADDRESS	ONE STATION PLACE		1.3 STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902		1.4 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	HISERT, GEORGE		2.2 NAME	MICHAEL S. HARRIS	
STREET ADDRESS	ONE STATION PLACE		2.3 STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902		2.4 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	DP	☑ DELETE	3.1 TITLE	President & DIRECTOR	☑ Change ☐ Addition
NAME	LASSNER, KEITH		3.2 NAME	PATRICK J. TIERNEY	
STREET ADDRESS	835 PENOBSCOT BUILDING		3.3 STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	DETROIT MI 48226		3.4 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	VPA	☑ DELETE	4.1 TITLE	VP Assistant SECRETARY	☑ Change ☐ Addition
NAME	SHOVLIN, GARY		4.2 NAME	DAWN L. EHLERS	
STREET ADDRESS	835 PENOBSCOT BUILDING		4.3 STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	DETROIT MI 48226		4.4 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	VPS	☑ DELETE	5.1 TITLE	VPS	☑ Change ☐ Addition
NAME	HARRIS, MICHAEL S		5.2 NAME	EDWARD A. FRIEDLAND	
STREET ADDRESS	ONE STATION PLACE		5.3 STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT 06902		5.4 CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE	VPAS	☐ DELETE	6.1 TITLE	ASST. SECRETARY	☐ Change ☑ Addition
NAME	HULLAND, DAVID		6.2 NAME	DEDRIA BRYFONSKI	
STREET ADDRESS	ONE STATION PLACE		6.3 STREET ADDRESS	835 PENOBSCOT BLDG.	
CITY-ST-ZIP	STAMFORD CT 06902		6.4 CITY-ST-ZIP	DETROIT, MI 48226	

14. I do 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 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: Dedria Bryfonski DEDRIA BRYFONSKI 5/27/97 313-961-2242

CR2E034 (9/96)