

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 047 ***138.75

DOCUMENT # M06000002554 1. Entity Name THOMSON FINANCIAL LLC					
Principal Place of Business 195 BROADWAY NEW YORK, NY 10017			Mailing Address 195 BROADWAY NEW YORK, NY 10017		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 22 THOMSON PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BOSTON MA		4. FEI Number 20-4530702	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip 02210		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDLAND, EDWARD A ONE STATION PLACE STAMFORD, CT 06902	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANLEY, DEIDRE ONE STATION PLACE STAMFORD, CT 06902	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDA J. WALKER ONE STATION PLACE STAMFORD CT 06902 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, DAVID H.W. ONE STATION PLACE STAMFORD, CT 06902	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARC E. GOLD ONE STATION PLACE STAMFORD CT 06902 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Bruce Mac Corkindale</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Bruce Mac Corkindale, CPA, P.C. 3960 Merrick Road Seaford, NY 11783 Date 3/29/08 Daytime Phone # 516-763-1797					

BRUCE MAC CORKINDALE

ATTACHMENT

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LIMITED POWER OF ATTORNEY

Thomson Financial LLC, ("Company"), with offices located at 22 Thomson Place, Boston, Massachusetts 02210, hereby appoints Bruce Mac Corkindale of 3960 Merrick Road, Seaford, New York 11783, as attorney-in-fact ("Agent") on behalf of the following companies, to exercise the powers and discretions described below.

The entities include, but are not limited to, Thomson Financial LLC, Thomcorp Holdings Inc., formerly known as Thomson Financial Inc., Thomson Global Markets Inc., Vestek, Tradeweb LLC, Thomson Tradeweb LLC, Quantitative Analytics Inc., Worldscope Disclosure Inc., Thomson Management Services, and Thomson Finance Company.

Our agent shall have the authority to act on our behalf, but only to the extent permitted by this limited Power of Attorney, for the following tax matters:

Personal property tax, commercial rent tax, state annual reports, business license applications and renewals, sales tax license applications and renewals, franchise tax and occupation tax.

Our Agent's power shall consist solely of the power to:

1. Prepare and sign documentation specific to the tax matters listed above.
2. Receive copies of confidential information or documents from any government or its agencies specific to the tax matters listed above. Originals shall be provided to the Company.
3. Represent the Company in the tax matters listed above, including the authority to negotiate, compromise, or settle any matter with such government or agency, with prior approval from the Company. Agreement to audits of any tax matters listed above must have prior approval from the Company.
4. Provide information, correspond with, and perform other acts reasonably related to the tax returns and reports specific to the tax matters listed above.

The authority does not include the power to substitute another representative or the power to receive refund checks on behalf of the Company.

Any power or authority granted to the Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) the income of Thomson Financial LLC and Companies as listed above to be taxable to the Agent, (ii) the assets of Thomson Financial LLC and Companies as listed above to be subject to a general power of appointment by the Agent.

ATTACHMENT

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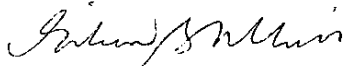
The Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, the Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

The Agent shall be entitled to compensation for services provided as the Agent. The amount of compensation shall be provided for in a document separate from this power of attorney.

This Power of Attorney revokes all earlier powers of attorney on file with any government or its agencies for the same tax matters. This Power of Attorney shall become effective immediately and may be revoked at any time by providing written notice to my Agent.

Dated FEBRUARY 8, 2008, at Boston, Massachusetts.

Thomson Financial LLC



Name: EILEEN S. McNEILL

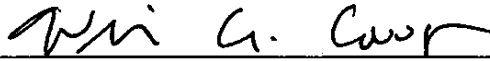
Title: SALES & USE TAX MANAGER

Witness Signature:

Name:

City:

State:

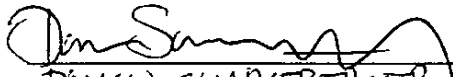

WILLIAM COWLIN
BOSTON
MA

Witness Signature:

Name:

City:

State:


DAMON SUAROTBERGER
BOSTON
MA

ATTACHMENT 50006004

STATE OF MASSACHUSETTS, COUNTY OF SUFFOLK, ss:

The foregoing instrument was acknowledged before me this 8th day of FEBRUARY, 2008 by EILEEN M. NEWMAN who is personally known to me or who has produced DRIVER'S LICENSE as identification.


Signature of person taking acknowledgment

Name typed, printed, or stamped

CRAIG D. LANGE, NOTARY PUBLIC
MY COMMISSION EXPIRES 7/30/2010